FOR

- STATE

12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Steel 13 3702 White Pine Rd. Apt. C Moore (Wife) Same DUE TO ORPOORTY Differentiated Adenocarcinoma Of The Lung PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE October 13.19 83 and that in (ph) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Square Drive Baltimore, Maryland DHMH - 16 50M 4/B2 Old Eastern Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

IF UNDER 1 YEAR

3:30pm

IF UNDER 24 HRS



13 In the man of the AND RESERVED TO SERVE termination to desire the second of the seco Section of the contract of the etro Line of the contract of the second contract o The beautiful to be Court on Tolar on the Court of the test Test one, tarrilled . White section is the second section of the second second

THE STATE RECISION RECOVER THE RECORD TO THE RECOVER OF THE RECOVE	FOR	1					1		FOR			nep a dt		E OF MARYLAND	HYGIENE 8	3	2	6	100	To the
Ronald P. O'Neill 46 CE MATERIAL OF BRITH DATE OF BRITH DA		L						1.					CERTIF	ICATE OF DEATH			0.26	103		
Male South State South St									E OR PRINT)						2a. DATE	OF DEATH		_		HOUR
Male White Jab Birthpiace Date of Control Date of Control	EX	3.5					1	3 SE			4 RACE	P.			6. AGE	(IN YEARS LAST BIR	+-			NDER 24 HRS
The BRITHPIACE COUNTY OF DEATH								J. JE.				e	AL PRAINS	may year	(2) A (2)					
B. CITY OR TOWN OF DEATH II. NAME OF PLOSPITAL, NUBSING HOME OR OTHER INSTITUTION ITRY OF WASKING MOST OR WORKING USED INDUSTRY INDUSTR		70.	0	11	11	6	1			OR FOREIGN			2 8		9 BALTI	MORE CITY C	R COUNTY	OF DEATH		
Dundalk 1615 Four Georges Ct. Apt.C2 Crown Cork & Seal CSUAL RESIDENCE (# MUSING-HOLD COUNTY IND.			27	0	0	17	7						WIDOWE	D DIVORCED	□ Ba.					MD
TO SUAL RESIDENCE OF MARKED COUNTY So STATE 136 COUNTY 136 CITY COUNTY 136		2/	21	0	0	7/	1)			(IF NOT IN SU	CH FACILITY, GIVE STREE	T ADDRESS)		(TYPE OF	WORK FOR MOST	F WORKING LIF	E) INDUSTR	OF BUS	SINESS OR
The part is a supposed by the deceased power in the supposed by the deceased power in the supposed by the supp	UAL RESIDENCE	₹0s	24	54	5	70	F	-USU	AL RESIDENCE LIENS	URSING HOME OR	OTHER INSTITUTION	I GIVE RESIDENCE BEFOR	RE ADMISSION)						C2	
DOUGLAS O'Neill Agness NADDLE DOUGLAS O'Neill Agness NADDLE DOUGLAS O'Neill Agness NADDLE DOUGLAS NADDL		0	0	50	5	0	0	154.		Ba	Qt.				161	5 Fou	r Geo	rges	Ct	. 2122
150 WAS DECEASED EVER IN U.S. ARABED FORCES 166 SOCIAL SECURITY NO. 263-60-5509 17 INFORMANT 169T5 FOUR GEO 263-60-5509 18 ILLEAN 19 ILL		215	2	XOMINA	XOTH	2	3			٨	AIDDLE	O'Nei.	11	FIRST	NAME	MIDDLE			LAST	
II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY. III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY. III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY. III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c.) III. CAUSE OF DEATH (LOS THE WAS CAUSED BY. III. CAUSE OF DEATH (L	WAS DECEAS	16a	7	Ical	03	1	7	16a \	WAS DECEASED EVE							1467	5s Fou	ir Ge	org	es Ct
PART I. DEATH WAS CAUSED BY: MAREDIATE CAUSE (a) Metastac Neuroblastoma		Y	/	The same	IIIC	/						263-60-	-5509	Eileen B.	O'Nei	11	Balt			
OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CAUSE OF DEATH OR CAUSE OF C	gove rise couse (o underlying	FICATION	0	is any injury, or affect from	Sony injury, or orner red	C	9	FICATION	gove rise to in couse (o), sto underlying cou	immediate ating the use last. IGNIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT		20a A	UTOPSY?	20b. IF YES	S, WERE FINI	DINGS (EATH?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21d. INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21d. INJURY OCCURRED 21d. INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 22d. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on obave, (I) (we) (did) (did not) view the bady after death 22d. PHYSICIAN DIRECTOR PHYSICIAN DI	21a. ACCIDE		4	Show	- Succession	7	A	ERTI	21a. ACCIDENT WAS U	UNDERLYING T	21b. TIME (OF INJURY		21c HOW INJURY OCC						P 🗌
270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I certify that (I) (this hospital) attended the deceased from 270. I	OR CONTRAIN		4		- /	4	1				IB .									
270. I certify that (I) (this hospital) attended the deceased from 1983 to 108. It is saw the deceased alive an above, (I) (we) (did) (did not) view the body after death. 270. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH		MEDIC	/			/		MEDIC	21d. INJURY OCCU	URRED	21e. PLACE	OF INJURY	FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY		STATE
sow the deceased alive an above, (1) (we) (did) (did not) view the body after death 19 87 and that in (my) (aur) apinion death occurred on the date and hour and from the above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR				E	Ē						al) attended t	he deceased from	٠ ٦	uly 198	3	Atus.		19 83	_, that	(I) (we) lost
Blair Grubb, M.D. G.B.M.C. Charles Street Towson, N 230. BURIAL, CREMATION, REMOVAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY 23d LOCATION	22h. SIGNA			NT: # Hem 21 is	ANI: II ITEM Z I I		1	The same	above, (1) (we 22b. SIGNATURE	(did) (did nat	view the bad		, ,	DEGREE ATTENDINI PHYSICIAI	G MEDIC	AL STA	FF	and from t	the cause	s stated
* 1230. BURIAL, CREMATION, REMOVAL 123b. DATE 123C. NAME OF CEMETERY OR CREMATORY 1230 COCATION				ORI	S S	1	П		1.72012.00						Chaml.	o Ctwo	o + m	077000	ма	
Cremation Oct.21,1983 Westview Mem. pk Baltimore, Md.	BURIAL, CRE	230	+	¥.	iw.	+		23a. 1		N, REMOVAL	23b. DATE	Total Control of the		EMETERY OR CREMATO	RY 23d L	OCATION CITY OR TOWN	Year	COUNTY	MG.	STATE
24 FUNERAL DIRECTOR NAME ADDRESS 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S GIGNA		24	3	83	83	3		24 F		?	1.0.0.0		TC3 CVI	25a.	DATE REC'D.	BY REGISTRAR	256. REGIST	RAR'S GIGN	ATURE	uh

ALL ALL STATE OF THE STATE OF T	and the king believe by				
10 20 83			.5	of a co	
			93.		0.141
					- Polithera
				+40.5	
that gind hearings i					
				all tester for	
.bl, co of document					er hatt
• 2 (100 01 01023	63. 20.0 .0 .2.0				
			dream rate		
		, J. C.	10 5	0.0.0	1 305 0

FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

25, 1902

17 INFORMANT

DIVORCED

FLORENCE OTEY

LAST

5 DATE OF BIRTH

MONTH

WIDOWED

JAN.

OTEY

REG. NO. 20. DATE OF DEATH MONTH 2b. HOUR OCTOBER 29,1983 IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED BALTIMORE COUNTY 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SPICE TREASURER 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 915 WELLINGTON RD. 21212

NO X 15. MOTHER'S MAIDEN NAME FLORENCE

ETTA

ADDRESS

915 WELLINGTON RD. 21212 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

,	DUE TO, OR AS A CONSEQUENCE OF
1	(b)
Í	DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

19

FEB

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

20a AUTOPSY?

NO

YES [

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

NO [

CITY OR TOWN

DEGREE

21f LOCATION

MEDICAL DIRECTOR PHYSICIAN

CITY OR TOWN

OCT

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

10-31-82

83

22e. ADDRESS

PHYSICIAN

7402 YORK RD. 21212

22c. DATE SIGNED

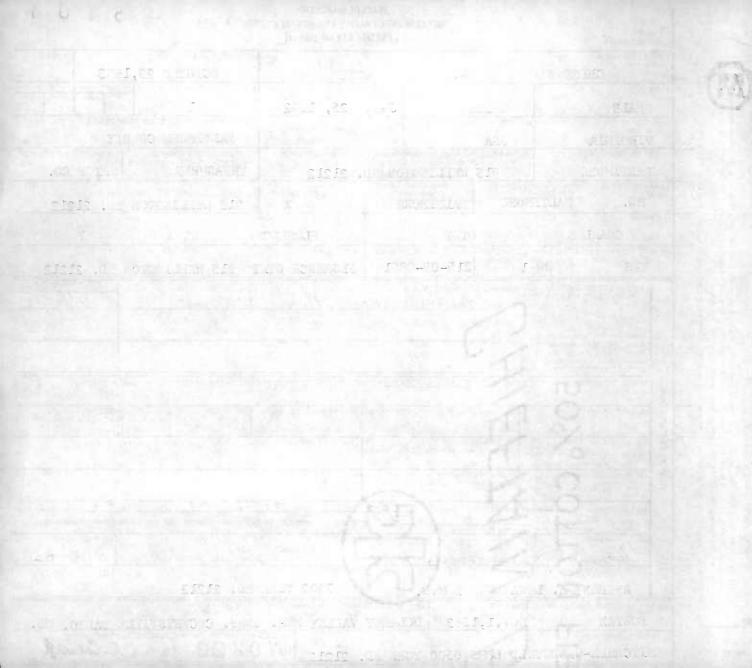
24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

23d. LOCATION

250. DATE REC'D. BY REGISTRAR 254. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)



FOR - STATE

DHMH - 16 50M 4/82

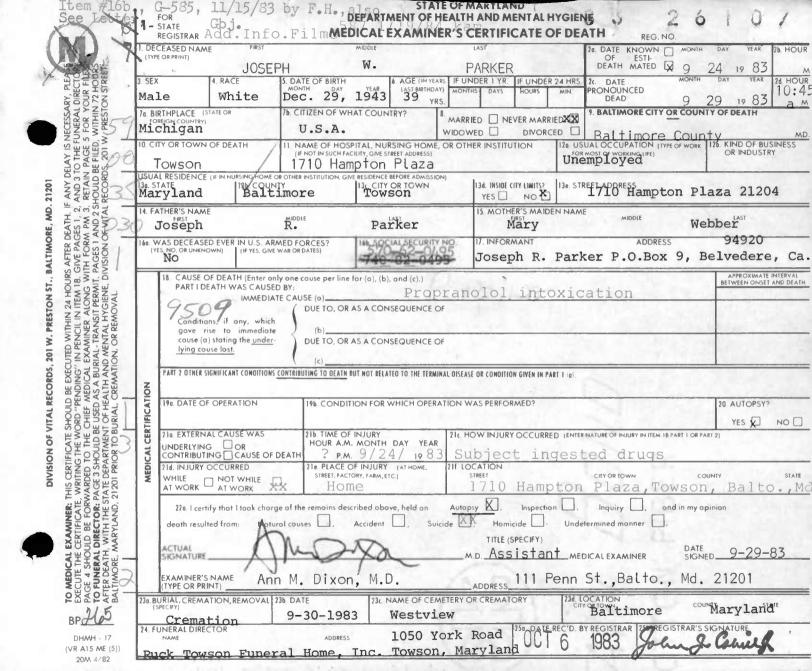
(VRA 15, 4)

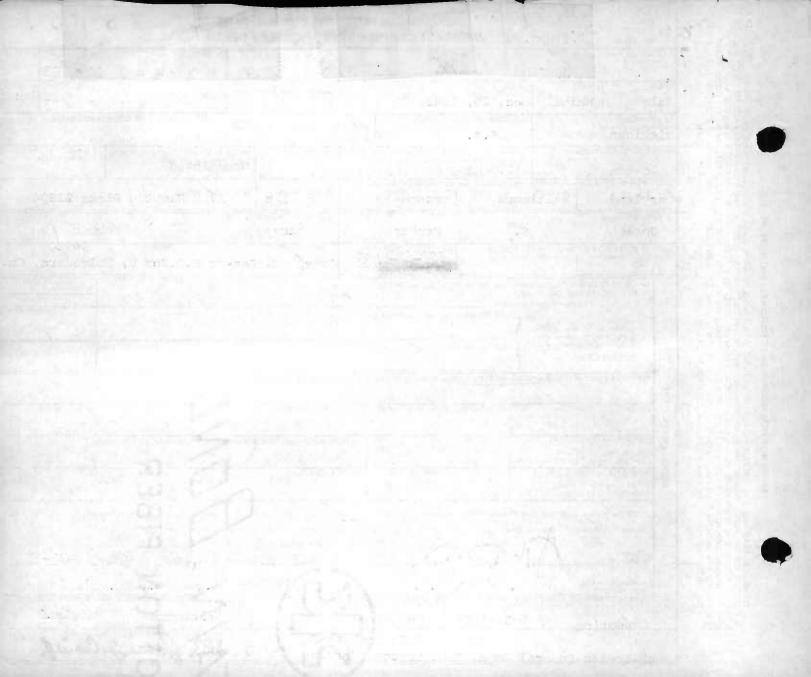
REG. NO 20. DATE OF DEATH MONTH 2h. HOUR 10/19/83 A. 6. AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR | IF UNDER 24 HRS 83 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR INDUSTRY Southern 120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Laborer Packing Co. 21227 13e. STREET ADDRESS 5001 Apt. B Westland Blvd. MIDDLE unknown 21227 Frank G. O'Tremba 5001 Apt. B Westland Blvd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 21236 1227 Washington Blvd. Baltimore Mary land 250. DATE REC'D. BY REGISTRAR 256. PS-STRAF 24. FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

toles of		reduced.	
Since Gents			
78-21-12 		.twit badings	
The state of the s			
.pwil handred H .ngs	A Maria	5000	
	ENGE ONE BUT		
legica legal garage garage	C. Holes and D. T.	miz. http://ww	
Barrier Barrer March			

- STATE

1: 1:01	1	35	The missey		
		3, 1.00			
a which	RUDALTIAD			450	smafsilis.
mide of bush	инони		el eallawho	1073	TONSO
rete was					.0.
	411/1-11/1	io io			
m . WA MALE	0000 LU US 10000	ye in westing	100 -01-310		
	APREST	VAIOTAN 1387	d GIGRAD		
		70.05	STIBLETTS		
			A CVOSA		
	19/25	. ĕ/.c	7.2	1.0	
01					
		31/03		JETAS J.L.S	. 201





1	1 - S	OR Items	#58.6 G585 1	1/3/83	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	S REG. NO.	2 6	108
1 11 /		SED NAME	Grace		MIDDLE E		ETON		ber 15,	1983	26. HOUR 11:15A _M
ge 4 may	3. SEX	MALF	1	RACE	CIE	S. DATE C	DE BIRTH DATS YEARS	70 7		MONTHS DAY	S HOURS MIN.
4 (1)	7a. BIRTH	PLACE (STATE O	DR FOREIGN 7	L. CITIZEN OF	WHAT COUN	MARRIE WIDOWE	DI DIVORCED	9. BALTIMOR Balt	imore Co	ounty,	MD.
17/10	0	DISVELL	EATH 1	LIE NOT IN SU	CH FACILITY, GIVE		E HOS.	12a, USUAL O	CCUPATION FOR MOST OF WORKII	NG LIFE) 12b. KIND INDUSTR	O OF BUSINESS OR
Sa hour sould be	USUAL F	ESIDENCE (IF NU	13b. COUNT	THER INSTITUTION	130. CITY OR	BEFORE ADMISSION) TOWN	13d. INSIDE CITY LIMITS?	13e. STREET A	MACE	AUE :	2/22/
impletely ond 2	14. FATH	ETER	м	IDDLE	LAS		15. MOTHER'S MAIDEN N FIRST MARV	AME	MIDDLE	ULSAI	LAST FER
te be execution and collects. Pages 1	(YES,	DECEASED EVE NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	166. SOCIAL	SECURITY NO. 8-59726	FRED P	ARTON	ADDRESS		
equires that the death certifical in signed by the attending phys. Then please remove carbanpop r to burial, cremation, or removinjury, or other traumatic event,	- P	2866 onditions, if or over rise to in ouse (a), sta nderlying cou	mmediate ting the ise last.	DUE TO, CO	Bleedir DR AS A CONS OSSIBLE DR AS A CONS	Dissem	, Massive Low	ascular/	Coagula	ation	l(o)
low remit.	CERTIFICATION	. DATE OF OPER	ATION	196. COND	OITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTO	20b. II NO X	F YES, WERE FINI ERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
PHYSICIAN. The Isending physicion. this certificate has be burial-transit per and Mental Hygiene d or them 18 shows		B. ACCIDENT WAS UP R CONTRIBUTING [CAUSE OF DEATH		OF INJURY L.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NAT	JRE OF INJURY IN ITEA	M 18 PART I OR PART 2	n
	¥.	HILE NOT AT V	WHILE VORK		OF INJURY TREET, FACTORY, O	FFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTEN pital TOR for us of He	22	sow the dece	(this hospito osed olywayay_) (did) (did hot)	OC TOD	he deceased f er 15,	Octob 19 83 . o	od that in (nX) (our) opinio	, , , ,		5 ₁₉ 83 I hour and from t	_, that (1) (we) last he causes stated
OR e ho	22	Same.	01.	Coffe	\ my) /	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	10	TE SIGNED -/5-83
TO HOSPITAL retained by th TO FUNERAL should be dete with the State IMPORTANT: I	27	James P			I.D.		9000 Fran	klin Squ	are Dri	ve 2123	7
BP	RE	IAL, CREMATION	N, REMOVAL	23b. DATE OCT-18	1983	OUR 4	EMETERY OR CREMATORY	ex POTTS	NIUE "	SCHUYE.	TU PA.
DHMH - 16 50M 4/B2 (VRA 15, 4)		RAL DIRECTOR	LY Fu	NERF	Je Hon	RESS 7E 300	MACE AVE O	and affine a	GISTRAR 251 RE	GISTRAR'S SIGN	shield

				FERRINE
	Harry	1204 350	Anzen San	
7.5	CONTRACE	4	X3863	
Sacrate In				Legge
		hards in		

Pkwy. Balto., Md.

(VRA 15, 4)

Funeral Home, Inc.

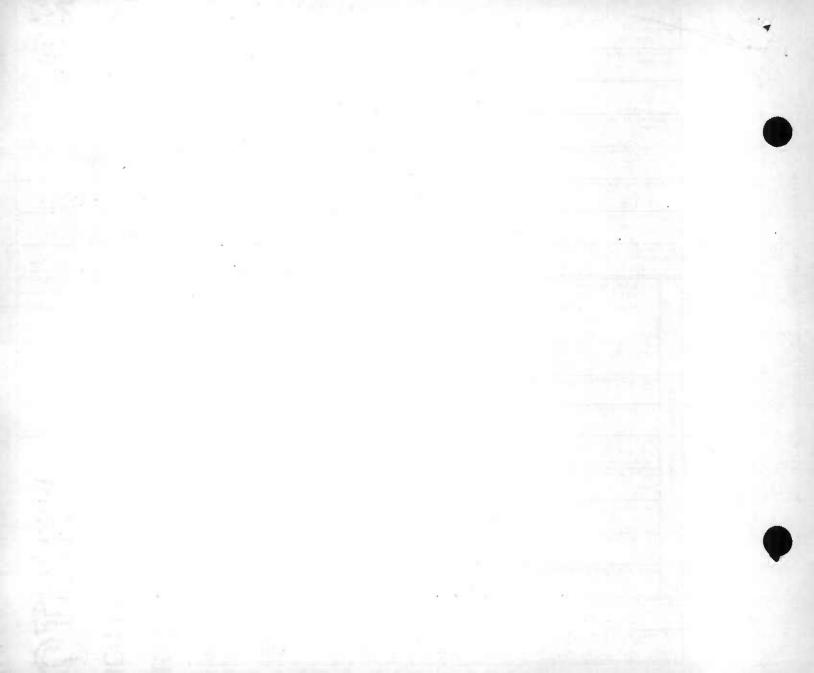
A CONTRACTOR OF THE PARTY		Tog	2019	
CONGRES 22, 1983 9:15		(1,1)	JAM	(3
79	port , Tan	MOARK.		
TATIBOG AROMITALIAN		.6.0.0	ANTIONAC WINDS	
netta pros servicio satisconi	PERSONAL PROPERTY.	nea .A.v	14) - · · · · · ·),	
1915 - amerik micraine 2005	X anwing	Ali	i monthus	
	SELLEN YEST			
.ov # no Mig Pict - gime . C	or 2/22 Are. Nest	ts II	W	
UEDON IN	ODIULTAT TROPARTER			
SUA-US T	AND THE ENVIRED AND	ut.		
0297 - / 8259W10 of	L DILITON STARR BY ITSEL	100		
001/Japan 22 - 63 - 3 -	El growing a 11	2 6 16 9 10		
E8-49-01 3. 00-03-03-03-03-03-03-03-03-03-03-03-03-0				
HOWARD, MY 21090	TOOK COMEY		PARAGO AVIVO	
III stantal Iso	oltev erondlan g	/E3/01		
	2501 G rms FV113	6	יייי א בייייי איייייייייייייייייייייייי	

5	1.	FOR STATE REGISTRAR			DEPAI	RTMENT OF H	E OF MARYLAND BEALTH AND MENT ICATE OF DEAT		NE 8 3	2	6 1	10
		CEASED NAME OR PRINT)	PETER		MIDDLE		IFER	20	o. DATE OF DEATH	10 03	3 183	26_HOUR 2:30A
	3. SE	MALE	4	RACE White	е	5. DATE C	t. 13, 18		AGE (IN YEARS LAST BIRT	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
35	7a. B	RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN 7	U.S.	MHAT COUNTR	MARRIE WIDOWE	D NEVER MARRI	IED L	BALT IMOR	R COUNTY	OF DEATH	
56		TOWSON	ATH 1	1. NAME OF F	OSPITAL, NUR	SING HOME	LES ST.	ION 12	Standard			OF BUSINESS O
35	USU.	AL RESIDENCE (IF NUR. STATE Maryland	Balti	THER INSTITUTION,	GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIV		s STREET ADDRESS 119 Longd	ale Ro	oad 21	1093
020	14 F/	THER'S NAME FIRST Steve	м	IDDLE	Pfeif	er	15. MOTHER'S MAII	known	MIDDLE		LA	ST
	16a V	VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL SE 214-0		Louise M	. Bor	ADDRE		ale Ros	ad
other froumotic		Conditions, if ony gove rise to im- couse (a), statu underlying couse	mediate ng the lost.	ONDITIONS CO	R AS A CONSEC	OUENCE OF	CARCINON			DITION GIVE	EN IN PART 1	0
G	CATION	PART 2. OTHER SIGN		C P			PROST ATE		20a AUTOPSY?	20b. IF YES,	, WERE FINDI	
9	CAL CERTIFICATION		TION DERLYING CAUSE OF DEAT	19b. CONDI	FINJURY M. MONTH	ICH OPERATIO	PRUSTATE N WAS PERFORMED			20b. IF YES, IN CERTIFY YES	WERE FINDI	
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	MEDICAL CERTIFICATION	190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTIFY MED 21d, INJURY OCCUR AT WORK NOTIFY AT WORK	TION DERLYING CAUSE OF DEAT ICAL EXAMINER) RED HILE DRK	21b. TIME O HOUR A.A P.A 21e PLACE C (AT HOME, STR	F INJURY M. MONTH M. OF INJURY EET, FACTORY, OFFI	DAY YEAR 19 ICE, FARM, ETC.)	PRUSTATE N WAS PERFORMED	OCCURRED	208 AUTOPSY? YES NO CENTER NATURE OF INJUR CITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDI YING CAUSE: 5 COUNTY	S OF DEATH?
9	_	190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING [(IF EITHER, NOTHEY MED 21d, IN JURY OCCUR WHILE [] NOT W	DERLYING CAUSE OF DEAT CALEXAMINER) RED HILE CAUSE OF DEAT CALEXAMINER) (this hospite ced olive on did) (did not)	21b, TIME O HOUR A./ P./ 21e PLACE (AT HOME, STR View the body	FINJURY M. MONTH M. OF INJURY SECTORY, OFFI Ofter death.	DAY YEAR 19 ice.farm.etc)	PRUSTATE N WAS PERFORMED 21c HOW INJURY 21l. LOCATION STREET 7 . 19 nd that in (my) (our) DEGREE ATTEN PHYSI 22e ADDRESS	OCCURRED	200 AUTOPSY? YES NO (CENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PA	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	S OF DEATH? NO STATE

108.2 ER1 63.01		1275	•	
(8 -		350	of id	and "
the sound			.7.2.11	hanFyanil
Standard Oil Company	. 12 (3	DANG.		102001
179 Longdale Nord 21093	7%	5, f 556 f-	1 wront	a fell - fun fyrnif
	mubrol(gf)	_e'_i'	o	Steve
head olebaced oil als	fank .K smine	0307-10-2	210	02
	ESTRA YESTA	1973/43/4	- A S	
sint-	and Tien Firm	D DITATPA	Talk Si	
	TA TYPE	d 30 AMON	: ORLO	
		10.0	Lagra	
The last of the				
. To establish	I love w			
Just charge Haryland	1	one Lone	Met. 1,1987	Falend
	.500 ,000	Ing. Dalti	enough. The	ettobil

	Ĺ	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. NO.	6 1 1
		CEASED NAME FIRST OR PRINT) Dennis	Ray	DIP	HILLIPS DJe.	October 11/1/198	21 82 10 48
ector pea	3. SE		4 RACE White		of BIRTH ctober 11 198	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2 HRS. MONTHS DAYS HOURS MIN.
death. Pay		RTHPLACE (STATE OR FOREIGN	U.S.	MARRIE		Baltimore Coun	TY OF DEATH
by the filled with	E	TY OR TOWN OF DEATH Baltimore	Frank 1 in	quare Hos	pital	TYPE OF WORK FOR MOST OF WORKING NONE	
filled in hould be in hould be	1.10	AL RESIDENCE I IF NURSING HOME OF ITATE	NTY Ball	or town timore	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 334 Ma	's Address:
and 2 s	14. FA	Dennis	Ray Phil	lips,Sr.	Margaret		Maryland 21225
in ond co		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOC	IAL SECURITY NO.	Margaret Ph	aillips 334 Maude	e Ave Balto21225
in that the death certificated by the attending physical case remove corbanpopical, cremotion, or remova or other traumatic event, in		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	ED BY: TE CAUSE (b) DUE TO, OR AS A CC (b) P DUE TO, OR AS A CC (c)	STREM DASEQUENCE OF DASEQUENCE OF	E PREMI	R	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL
equires n signe Then p ta bur njury,	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	ainal disease or condition G	IVEN IN PART I (0)
The law recion. te has been sit permit. giene prior	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
PHYSICIAN: T ending physici this certificate to burial-transi ad Mental Hygi d or frem 18 sh		2) a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEN pitol TTOR: for us of He		22a. I certify that (this hasp sow the deceased alive or above, (n(we) (did) (dix)	October 1	1,19 <u>833</u> , o	nd that in (ny) (our) opinion	5_, to	y (we) lost our ond from the couses stated
by the hos by the hos ERAL DIREC se detached State Dept.	Ŧ	226. SIGNATURE	R Sigo	2 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/83
ro Hospital		James Sic	105 M. 2.es			nklin Square Dri	
BP		URIAL, CREMATION, REMOVAL SPECIFY) REMOVAL	10-11-83	FRANK	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY Ad STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FL	INERAL DIRECTOR NAME		ADDRESS	0 25a. DA	TE REC'D, BY REGISTRAR 25 GIS	STRAR'S SIGNATURE

MINISTER SEE SEE SEEL



1.		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 6	1 3
T		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME DONALD GALLAIDDLE POLLHAMMUSK . 20. DATE KNOWN MONTH DAY	YEAR 26. HOUR
L		DONALD GAIL VOLLHAMMER DEATH MATED	19 M
1	SEX	MONTH DAY YEAR LAST RIPTHDAY) WONTHE DAY	YEAR 24 HOUR 330
7.	1	MONTH DAY YEAR LAST BIRITIDAY) MONTHS DAYS HOURS MIN. PRONOUNCED C720 RTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF COU	190) M
70		REIGN COUNTRY) MARRIED WINEVER MARRIED	DEATH V
10	CII		MD.
,	B	ALTO 8725 BAKEN AVE #21234 SALES MAN ROO	FING CO.
U:	a. ST	L RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) [ATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	1110
1.0	M	DALIO DALIO DALEN AVE	#2134
	LA		LAST
16	7 E	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	11-2-234
	{YE	VES WWIF 217-18-5276 KATHERINE POLLHAMMER, 4233	SATH AUG
		18. CAUSE OF DEATH (Enter only one couse per line far (p), (b), and (c).)	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
Г		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) ARTERIOS CLEROTIC RIPROJU + BETY	WEEN ONSET AND DEATH
		4292 (DUSTO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate (b) UHSCVLAR DIJEASE	
1		couse (a) stating the <u>under-</u> lying cause last. DUE TO, OR AS A CONSEQUENCE OF	
		(c) PART 2 DIVING CICHIELIANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT BELATED TO THE STANDARD CONTRIBUTION OF THE STANDARD CONTRIBU	
1	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 120. A	AUTOPSY?
	E E		YES D NO
		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN TIEM 18 PART 1 OR PART 2)	1
1	3	CONTRIBUTING CAUSE OF DEATH P.M. 19	
	w	21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME, STREET CITY OR TOWN COUNTY) STREET CITY OR TOWN COUNTY	STATE
1		AT WORK AT WORK	
L		120 Centrify that Upper scharge of the remain described above, held on Autopsy . Inspection . Inquiry . Inquiry . and in my apinion	
1		death resulted from Natural causes	
1		ACTUAL DE DE CITY DATE LE	0/2/1/2
	Ž	SIGNATURE M.D. VZ MEDICAL EXAMINER SIGNED	756487
1		EXAMINER'S NAME VAUL TO GUERIN ADDRESS COCKEYSULLEMO	7/137
23	a.BU	IRIAL CREMATION, REMOVAL 1735, DATE 1737, NAME OF CEMETERY OR CREMATORY 1736 LOCATION	CLASE
(REMATION 10-24-83 GREENMOUNT BALTO, MD	STATE
24	SEU SEU	INERAL DIRECTOR FUNDRAL HOME INC. 250. DATE REC'D. BY REGISTRAR'S SIGNAT	TURE
L	9	705 BELAIR RD 21236 UL 251982 Vac 00	

THE SHELL PLANTS \$ 12 130 A STATE OF THE STA PERSONAL REPORT OF THE PROPERTY OF THE PROPERTY OF THE PERSONAL PROPERT THE WILL STATE OF THE PARTY OF · 사용 보이 생각 스탠드가 보스 경험 내 크린니 유기 설명 The state of the s TO A STREET OF A STREET ASSOCIATION OF THE STREET

11	1.	 STATE REGISTRAR 			HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	
4		CEASED NAME FIRST	MIDDLE		LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
0 0 0	(TYF	GEI	RTRUDE		POSNER	OCTOBER 30,1	
- e	3. SI	X	4 RACE	5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
0 11		FEMALE	WHITE		MBER 16,1900	82 YRS	
Mar	7 a. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR COUN	
6/1	10.6	LITHUANIA	U.S.A.	WIDOW	- 2 10-274	BALTIMORE CO	DUNTY 126 KIND OF BUSINESS
13/		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OK OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WORKING	
11/1		BALTIMORE	NEW JEWISH		URSING HOME	HOUSEWIFE	AT HOME
5 5/1	13a	JAL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION, GIVE RESIDE UNITY	OR TOWN	1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	DDE !
E23	/	MARYLAND BA	ALTIMORE BA	LTIMORE	YES NOXX	7 APPLEGATE	CT. 21208
8.7	14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LAST
8/		ABRAHAM		RWITZ	DINA	MIDDEE	UNKNIMIN
8		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS	Chologiano
J med		(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 216	-34-2943	MRS. SHIRLE	Y TABACKMAN 7 AI	
# F		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line for to	1, (b1, and (c1.)	6.20		APPROXIMATE INTERVA BETWEEN ONSET AND DE
			ISED BY: IATE CAUSE (a)	Miso C	androl	La Sinh Vocais	a craw
200		4409				- (1)	
m, o				MICEORIENICE OF A	, ,		
0 0		Conditions if any which	1	INSECUENCE OF	a terro ad	Penson	1 1000
hatton,		Conditions, if any, which gove rise to immediate	(b)	H	a terroral	Cos	1 (000
other fraumo			1	H	a terrord	eas	1 gar
or other fraumo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	a derio al	Peas	1 gar
to sursal, cremation, i jury, ar ather trauma	NO	gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CO (c) IT CONDITIONS CONTRIBUT	ONSEQUENCE OF	I NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION C	GIVEN IN PART 1 to
nor to surral, cremation, or injury, or other traumo	ATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION OF THE SIGNATION OF T	DUE TO, OR AS A CO	ING TO DEATH BUT	000	Jean,	GIVEN IN PART 1(0
ws any injury, ar other fraumo	FICATION	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	ING TO DEATH BUT	I NOT RELATED TO THE TERM	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
shows	ERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a DATE OF OPERATION	DUE TO, OR AS A CO	ING TO DEATH BUT	ON WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
8 shows	L CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION OF THE SIGNATION OF T	DUE TO, OR AS A CO	ONSEQUENCE OF	ON WAS PERFORMED	200 AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
Item 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DUE TO, OR AS A CO	ONSEQUENCE OF	ON WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DUE TO, OR AS A CO	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19	ON WAS PERFORMED	200 AUTOPSY? 206. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
Item 18 shows	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.M. MON P.M. 216 PLACE OF INJURY 216 PLACE OF INJURY	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19	ON WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? 200. IF Y IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{NO} \) \(\text{NO} \) \(\text{NO} \)
Item 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHE EITHER, NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAMINATION OF CAUSE	DUE TO, OR AS A CO	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 200. IF Y IN CER YES NO CITY OR TOWN	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART 2) COUNTY STATE
Item 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMI 22a. certify that (I) (this ha	DUE TO, OR AS A CO (c) IT CONDITIONS CONTRIBUT 19b CONDITION FOR 19b CONDITION FOR HOUR A.M. MON P.M. 21b PLACE OF INJURY (AT HOME STREET, FACTOR spiral) attended the decease	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 200. IF Y IN CER YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART 2) COUNTY STATE
Item 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMI 22a. certify that (I) (this ha	DUE TO, OR AS A CO	NONSEQUENCE OF	216. HOW INJURY OCCUR 211 LOCATION STREET	200 AUTOPSY? 200. IF Y IN CER YES NO CITY OR TOWN	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO 8 PART 1 OR PART 2) COUNTY STATE
Sept. of Health and Mental Hygiene frem 21 is marked ar Item 18 shows		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNERAN 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF CURRED MILLE AT WORK NOTIFY MEDICAL EXAMINATION OF CURRED NOT WHILE AT WORK NOTIFY THAT IN THE CONTRIBUTION OF CURRED NOT WHILE AT WORK NOTIFY THAT IN THE CONTRIBUTION OF CONTRIBUTION O	DUE TO, OR AS A CO (c) IT CONDITIONS CONTRIBUT 19b CONDITION FOR 19b CONDITION FOR HOUR A.M. MON P.M. 21b PLACE OF INJURY (AT HOME STREET, FACTOR spiral) attended the decease	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC.)	216. HOW INJURY OCCUR 211. LOCATION STREET 19 Ind (Not in (my) (our) opinion DEGREE ATTENDING	20e AUTOPSY? 20b. IF Y IN CER YES NO CITY OR TOWN CITY OR TOWN death occurred on the date and h	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO S 8 PART 1 OR PART 2) COUNTY STAT
Vept. of Health and Mental Hygiene them 21 is marked at Item 18 shows		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNETICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 27d. I certify that (I) (this had not been controlled in the c	DUE TO, OR AS A CO (c) PLONDITIONS CONTRIBUT 19b CONDITION FOR 19b CONDITION 19b CONDITION FOR 19b COND	NONSEQUENCE OF	216 HOW INJURY OCCUR 211 LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	20e AUTOPSY? 20b. IF Y IN CER YES NO CITY OR TOWN CITY OR TOWN death occurred on the date and h DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
e Dept. of nealth and Mentor hygiene		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNALION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHERTHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALL EXAMINATION OF CONTRIBUTION OF CAUSE OF CHERTHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CAUSE OF CHERTHER OF CAUSE OF	DUE TO, OR AS A CO (c) PLONDITIONS CONTRIBUT 19b CONDITION FOR 19b CONDITION 19b CONDITION FOR 19b COND	NONSEQUENCE OF	216 HOW INJURY OCCUR 211 LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	20e AUTOPSY? 20b. IF Y IN CER YES NO CITY OR TOWN CITY OR TOWN death occurred on the date and h	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO S 8 PART 1 OR PART 2) COUNTY STAT
them 21 is marked at them 18 shows	MEDICAL	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNETICAN 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI 27d. I certify that (I) (this had not been controlled in the c	DUE TO, OR AS A CO (c) IT CONDITIONS CONTRIBUT 196 CONDITION FOR 196 CONDITION FOR PA.M. MON PA.M. MON PACE OF INJURY (AT HOME STREET, FACTOR SEPTIAL STREET, FACTOR PEOR PRINT) I LLER	ONSEQUENCE OF ING TO DEATH BUT R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM ETC.) d from 19 20 19 20 19 20 19 20 10 10 10 10 10 10 10 10 10	216 HOW INJURY OCCUR 211 LOCATION STREET 19 Ind that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 226 ADDRESS	20e AUTOPSY? 20b. IF Y IN CER YES NO CITY OR TOWN CITY OR TOWN death occurred on the date and h DIRECTOR PHYSICIAN	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO

BALTO., MD

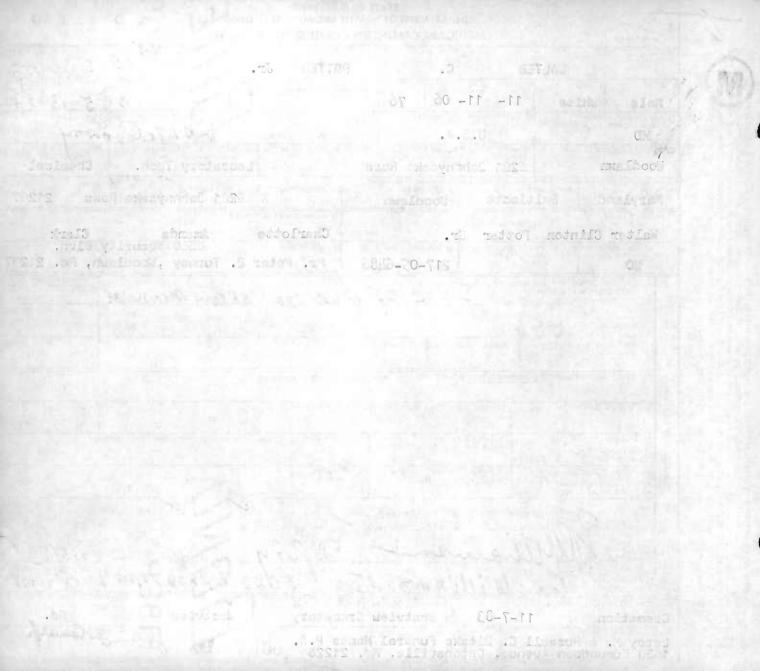
6010 REISTERSTOWN RD.

(VRA 15, 4)

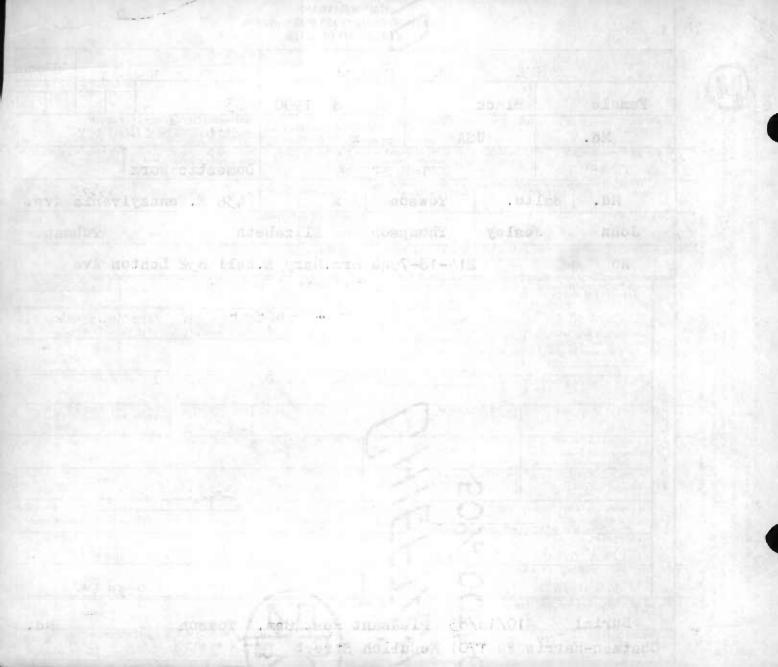
21215

THE REPORT OF THE PROPERTY OF

1		-				MARYLAND		4.	0 6	1 1	-
70	FOR STATE REGISTRAR		ME	DEPARTMENT				ATL	EG: NO.	1 1	9
	DECEASED NA	ME FIRST		MIDDLE		LAST		2a. DATE KNO	WN MONTH	DAY YEAR	2b. HOU
1	(TYPE OR PRINT)	WAL	TER	C.		POTTER	Jr.	OF EST DEATH MAT	ED 010	5 198	12/5
3.	Male	4 RACE White	S. DATE OF BIRTH	YEAR LAST BI	THU YEARS IF U		UNDER 24 HRS.	PRONOUNCED DEAD	MONTH	5 1983	2d. HOUR
70	BIRTHPLACE FOREIGN COUNTR	(STATE OR	U.	S.A.	8. MARE	WED 🗴	R MARRIED	PAI	TO, COUN	HWTY	MD
1	Woodlar	WILL	6201 Jo	SPITAL, NURSING H FACILITY, GIVE STREET ADDR NNNYCAKE	Road	HER INSTITUTIO	I26. US FOR Lab	MALOCCUPATION MOST OF WORKING L	Tech.	OR INDUS Chemi	TRY
	SUAL RESIDENCE AL STATE Maryla	13b. COU		13c. CITY OR TOV	/N	13d. INSIDE CITY I	130. STE	REET ADDRESS 201 John	nycake R	load	21207
1	I. FATHER'S NA/		MIDDLE	LAST		FIRST		MIDDLE		LAST	
1		Clinton SED EVER IN U.S. A	Potter	Sr.	JRITY NO.	Charl		Amand	a Securit	Clark	
1	YES, NO, OR UNK		E WAR OR DATES)	217-05-				Turney		•	
	PART 2 OTNE	(a) stating the <u>under</u>	(c)	R AS A CONSEQUEN		SE OR CONDITION GI	IVEN IN PART 1 (e).	•			
9	19a. DATE (OF OPERATION	19b. COND	OITION FOR WHICH (OPERATION \	WAS PERFORME	ED?			20. AUTOPS	
3	216. EXTER UNDERLYII CONTRIBU	NAL CAUSE WAS NG OR ITING CAUSE OF	F DEATH P.	M. MONTH DAY M. 1	YEAR		CCURRED (ENTER	R NATURE OF INJURY IN	TEM 18 PART 1 OR P.	ART 2)	
	UNDERLYII CONTRIBL 21d. INJUR WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK		OF INJURY (AT HOMICTORY, FARM, ETC.)	AE. 21f. LG	STREET		CITY OR TOWN	co	DUNTY	STATE
4	22a. I ce death res ACTUAL SIGNATUR	ulted tym Nat	rge of the remains di tural causes ,	Accident ,	Suicide	-	CIFY)	Inquiry Petermined manner	DATE	26/51	183
	EXAMINER (TYPE OR P	R'S NAME F	f. Wil	11inms	011	ADDRESS_	5550	PARTO	NAT	12 R.	21228
-	Se.BURIAL, CREA (SPECIFY)	MATION, REMOVAL	11-7-83	23c. NAME O		or CREMATOR	CIŢ	OCATION YORTOWN Westview	COL	JULY MC	STATE
2	1. FUNERAL DIR	ECTOR	oll C. Wied	zke Funer	al Hom	es P.A.		1983		SIGNA Com	ich



(VRA 15, 4)



1	1	FOR STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYL LEALTH AND LICATE OF	MENTAL HYG	REG.	2 NO.	6 1	1 3
nay be page 3		CEASED NAME E OR PRINT) MAR	JORIE	E H PRE	ESTON		AST		20. DATE OF DEATH	MONTH 10/5/8	DAY YEAR	26. HOUR 8:35P
ge 4 may ector, pag irs after de	3. SE	x Female	4.	RACE White	Coul	5. DATE (1908	6. AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS
Pod dir	7a. B	IRTHPLACE (STATE OR FO	OREIGN 71	U.S.A.	HAT COUNT	RY? B MARRIE	_	MARRIED	9. BALTIMORE CITY BALT		OF DEATH	Y M
56	10. 0	TOWSON	тн 1	1. NAME OF HO			OR OTHER INS		120 USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	ATION IT OF WORKING LIF	12b. KIND C INDUSTRY	F BUSINESS OF
filled in ould be	130. Ma	STATE STATE Lryland	136 COUNT Bal		130 CITY OR T	OWN	13d. INSIDE (NO T	1119ELADOFS	six Lan	e Balt	0. Md.
mpletely and 2 sh	14. F	ATHER'S NAME FIRST	MI	IDDLE	LAST		15. MOTHER	S MAIDEN NAM	WIDDLE		LAS	șī .
Pages 1	160.	WAS DECEASED EVER ((YES NO OR UNKNOWN) NO			15-52-		Mr. J		bour 6900	York R	d. 2121	.2
b low requires that the death certificate n. as been signed by the attending physici permit. Then please remave carbanpapes ne priar to burial, cremation, ar remaval.	CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERAT	ediate g the last. HIFICANT CC	DUE TO, OR . (b) DUE TO, OR . (c) ONDITIONS CON	Atri AS A CONSE Coro NTRIBUTING	outhor of hary A	rtery D	isease D TO THE TERM	200 AUTOPSY?	20b. IF YES	S, WERE FINDING CAUSES	NGS USED OF DEATH?
PHYSICIAN: The kending physician. This certificate has the burial-transit per ad Mental Hygiene dar Item 18 shaws	MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C C (IF EITHER, NOTIFY MEDIC 216. INJURY OCCURR	AUSE OF DEATH	P.M. 21e. PLACE OI	MONTH	19	21c. HOW IP	ON	YES NO	JURY IN ITEM 18 F	S COUNTY	NO _
inced by the hospital or other inced by the hospital or other FUNERAL DIRECTOR. After build be detached for use as the hine State Dept. of Health or ORTANT: If them 21 is marken	WI	WHILE NOT WHAT WORK 22a. I certify that (I) saw the decease abave, (I) (we) (d 22b. SIGNATURE 22d. PHYSICIAN'S NA DR J.	(this haspito ad alid) (did not)	view the Body of	fter de ath.	im_9/ 9_83.0	DEGREE 220. ADDRE	, 19_83) (aur) apinian of ATTENDING PHYSICIAN SS	, taCT_leath accurred an the	5 date and hau	19_ 83 and from the	that (I) (we) las
PP	L	Burial, CREMATION, I	REMOVAL	23b. DATE 10/8/83		St. Geo		ois. Ch.			COUNTY	Md. STATE
HMH - 16 50M 4/B2 (VRA 15, 4)		uneral director	defel	d 6	5500 °Y 6	örk Rd.		250. DAT	1:3 1000	AR 25b. REGIST	RAR'S SIGNAT	URE

10/5/20		15 N PRESTO	TURNM TO THE
Mileuda Boomfilas			esic.
eti vesu	all Offer T2	S701 % CHARLES	100,000 F
fillocial suclains		and an interest	3.5
\$18.72 April (20) (10) 2	opera meso iri	State of State	en il
	THEIDOA	TAME SHEET	
	161 h	I.de re.	
	Enserth reserve		
	473		
77 (37) (37)	i ,	28 2 2 700	
		co a constant	
		68 - 2 730 	

The state of the control of the cont			tonelo	n. Haranda	
colored chimic Less to row milyon for ellivers 2010 dec New No. 144 com many many com Results Total Continue			d west 5	edica	
Commission National Commission and Commission Commissio					el See All
Control Contro	.co edu	e faelo	Decision &	rice national	
		Brown Service Sales and		com sense	.81
				Namiased 45	colutered
		telbi) purrunt serv			

Marine and the Cream Heart Think alk was

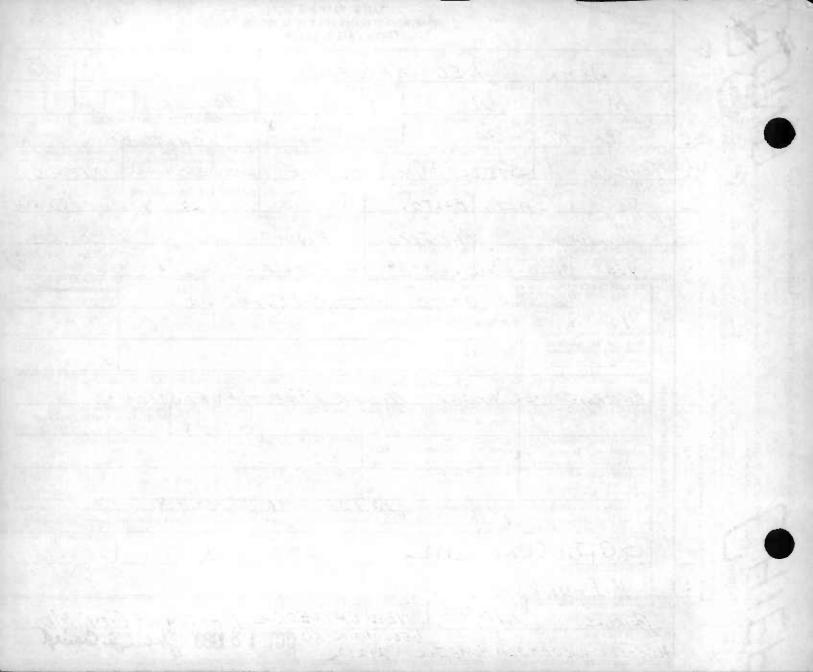
/		P	1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH		REG. 1	2	6 1	2. 1
				EASED NAME	FIRST		WIDDLE	ı	AST	20.	DATE OF DEATH		DAY YEAR	2b. HOUR
å	age 3 death		34AL)	Siste	er Ma	ary Eu	ınan	Qui	nn		October	16.	1983	A
moy	200		3. SEX			RACE		S. DATE C			AGE (IN YEARS LAST B	IRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Poge 4	Ji Sala			Female		Whit		Sept	. 24, 1897	7	86	YRS.	DATE DATE	ALIA,
ج. 9	10 M		C	THPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTR	RY? 8. MARRIEI	NEVER MARRIED	9.1	BALTIMORE CITY	OR COUNTY	OF DEATH	
deat	hin 7	4		rtick, Scotl		USA		WIDOWE			Baltimor			MD.
201 rs ofter	by the filled with	0		Y OR TOWN OF DEAT $\Gamma owson$	\mathbb{N}	lisson	Helper	s of th	e Sacred F	(1)	i. USUAL OCCUPA PPE OF WORK FOR MOST Nun		Relig	ious
) 21;	d be	71	13a S	L RESIDENCE (IF NURSIN	IG HOME OR OTH 13b. COUNTY	HER INSTITUTION.	GIVE RESIDENCE BEI	FORE ADMISSION)	13d. INSIDE CITY LIMIT		STREET ADDRESS			der
ANG ui	Thought The	9		Maryland	Balt	imore	Tows	on	YES NO		1001 W.	Joppa	Rd. #2	1204
with with	d 2 s	12	14. FA	THER'S NAME	MID	DLE	LAST		15. MOTHER'S MAIDER	N NAME	MIDDLE		LAST	
RE, My	l and	70	1	Patrick	1446 4046	0.5000550	Quinn		Mary		J.	2230		lagher
ORE	Pages Pages medica	1		AS DECEASED EVER IT	(IF YES, GIVE W		16b. SOCIAL SE		17. INFORMANT		ADDI			Maryland
LTIN Pe	rs. P	/ }		No I					Motherhou	use,	1001 W.	Jopp		
BA	hysic pope aval.			18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED E	ane cause per 3Y:	line for (p), (b),	pnd (c)	[105.0			BETWEEN	MATE INTERVAL DINSET AND DEATH
4 ST.	bon rem			100.	MMEDIATE (CAUSE (a)	10 (1)	nou	cancer					
oth day	e con			Conditions, if any,	btub	DUE TO, O	R AS A CONSE	OUENCE OF						
PRE de	emov mofic			gave rise to immi	ediate	(6)		344						
¥ 101	by the			underlying couse		DUE TO, O	R AS A CONSE	OUENCE OF						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120: ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of president.	en plece burial ury, ar		z	PART 2 OTHER SIGN	FICANT CO	NDITIONS CO	ONTRIBUTING I	TO DEATH BUT	NOT RELATED TO THE	TERMINA	L DISEASE OR CO	NDITION GIV	EN IN PART 110	
og o	been mit. Th prior to any inj	h	CERTIFICATION	19s. DATE OF OPERATI	ON	Tigh COND	ITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	Tab IF YE	S, WERE FINDIN	IGS LISED
Pe lo	perm ne pr	1	IFIC.	M. DATE OF CIERAL		170. CO.40		ICH OI EKATIO	T WAS TEN OWNED		YES NO TO		YING CAUSES	
TAI The	nsit h		ERT	210. ACCIDENT WAS UNDE	RLYING	216. TIME C	F INJURY		21c. HOW INJURY OC				Total	NO []
JE V	s certificate I burial-transit Mental Hygie rr ttern 18 s60	1		OR CONTRIBUTING C	USE OF DEATH		M. MONTH							
NO NYSIC	burio Menio		MEDICAL	(IF EITHER NOTIFY MEDICA		P. 21e. PLACE	M. OF INJURY	19	211. LOCATION		10000			
NISIN DE PE	After the on the olth and marked		ME	WHILE NOT WHILE		(AT HOME, ST	REET, FACTORY, OFFI	CE, FARM, ETC)	STREET		CITY OR T	OWN	COUNTY	STATE
407	R: Af			220.1 certify that (I) (, 19	12	, to			hat (I) (we) last
VITE	for of t		2	saw the deceased abave (1) we) (di	d) did not) v	riew the bady	ofter death.	9 <u>83</u> , or	d that in (my) (aur) api	oinion deat	th accurred on the	date and hav	er and from the c	causes stated
OR A	DIRECTOR DIR			226. SIGNATURE	1-	11	11		DEGREE		1501C 11 CY	A.F.F.	22c. DATE	SIGNED
TAL O		1		11	Uhan	- M	she		ATTENDIN PHYSICIA	IAN D	RECTOR PHYS	AFF ICIAN 🔲		
HOSPIT Placed by	FUNERAL old be den the State			22d. PHYSICIAN'S NA	ME (TYPE OR PE	RINT)			220 ADDRESS					
OH O	TO FUNERAL should be det with the State			Aidan V	Valsh,	, M. D	•		333 St.	Paul	St., Ba	lto.	Md. 21	202
2 8	2 F 2 3 €	-		URIAL, CREMATION, R	EMOVAL	23b. DATE	100		EMETERY OR CREMATO		23d. LOCATION CITY OR TOWN		COUNTY	STATE
В	P			Burial		10/19	783		Convent Ce		Towson	, Balto	. Co., 1	Maryland
DHMH	- 16 50M 4/B2	2		NERAL DIRECTOR			ADDRES	ss Timor	17 04111	AT C	C'D. BY REGISTRA	R 290 REGIST	RAR'S SIGNATI	URE.
(/	/RA 15, 4)		L	emmon-Mi	tchell	-Wied	lefeld,	10W.P	adonia Rdu	1012	2 6 1983	1000	~~	

Harry College			
. Cotoboo 16, 1963			3. 8
The last of the la			lane.
alougher and			
busta, the second tool		n awa lugo pelia.	
terral les			
11		(ii)	
to the part of the second	ALS In-vito 1 HE	10/19/83	lanut
MANA CONTRACTOR	Il de saons	odi-njedekio, 10V	ofist-members.

	1 -	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO),	Giant Group
1		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	25 HOUR
death	(TYPE	Ethel		RADCLIFFE	October 2	1, 1983	1:00p
ě	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	MONTHS DAY	
150	- 2	FEMPLE	WHITE	ANG 28 1894	89	YRS.	S HOURS MIN.
10		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF		
205		1ARYLADD	USA.	WIDOWED DINORCED	Baltimore (MI	
371		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION 128. KIND OF		OF BUSINESS OF
9/	13	ALTO CO.	FRANKLIN	Se Hos.	HOUSE WI		PEMAKER
20/	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)			
10		MD. BA	NTY 13t. CITY OR TOV	YES NO		IKOW RD:	21237
作う人	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE		AST
BX.	V	VILLIAM H	ANSON COLW		ELIZABETHI		ON.
medicol		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES!		ADDRE	.,	0 -
Ě	,	No	220 03	9319 GEORGER	ADCLIFFE	8001 BLB	1Kow KO
€"		18. CAUSE OF DEATH (Enter o	nly one couse per line for (a), (b), or	nd (c).)		BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
vent			ED BY: TE CAUSE (0) Cardio-	pulmonary Arrest			
office of		4402		ENCE OF		1,1-74	
Ë		Conditions, if ony, which	Atheros	clerotic Vascular 1	Disease		
r tro	н	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEOL	ENCE OF			
the of		underlying couse lost.	16)	ENCE OF			
r to burio injury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART	110
ony in	CERTIFICATION	190. DATE OF OPERATION	LIST CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FING	DINGS LISED
0 0	FIC.	ING. DATE OF OPERATION	175. CONDITION TOR WHICH	OFERANON WAS FERT ORMED		IN CERTIFYING CAUS	ES OF DEATH?
hem 18 sho	RTI	710. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21. HOW IN HIRV OCCU	RRED (ENTER NATURE OF INJUR	YES [NO 🗌
8/1		OR CONTRIBUTING CAUSE OF DE			RED (ENTER NATURE OF INJUR	TINTIEM IS PART I ORPART 2	
Bea	ICA	(IF EITHER NOTIFY MEDICAL EXAMINE		19 21f. LOCATION			
o po	MEDICAL	21d, INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOV	VN COUNTY	STATE
orke	7.	AT WORK AT WORK		Ootobox 21 P2	Ostober	חו טיי	70
.S			oitol) ottended the deceosed from, october 21 19	October 21 19 83	, 10		, that 🏞 (we) la
n 21			n October 21 19 Note the body after death.		occurred on the do		
He He		228. SIGNATURE	0.1.	DEGREE	MEDICAL STAF	22c. DA	TE SIGNED
=		Nonau	Michten	MD ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN B	21/83
TAP		226. PHYSICIAN'S NAME (TYPE	OR PRINT)	220. ADDRESS			CO VAR
IMPORTANT: If I		Donald Richter	r, M.D.	9000 Frankl	in Square Dr	. Balto., N	D 21237
3	236 E	BURIAL, EREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	236 LOCATION	COUNTY	STATE
	1	PARK WOOD CE	IN OCT 22, 83	PARKWOOR CEM	BALTI		MD. STATE
A 4/B2	24. E	JNERAL DIRECTOR		25a D./	ATE REC'D. BY REGISTRAR		ATURE
(4/B2 I)		CAROLIN FIL	7401 135	lain RD 0000	6 4000 (a Cale	14

Mind of the of the state of the

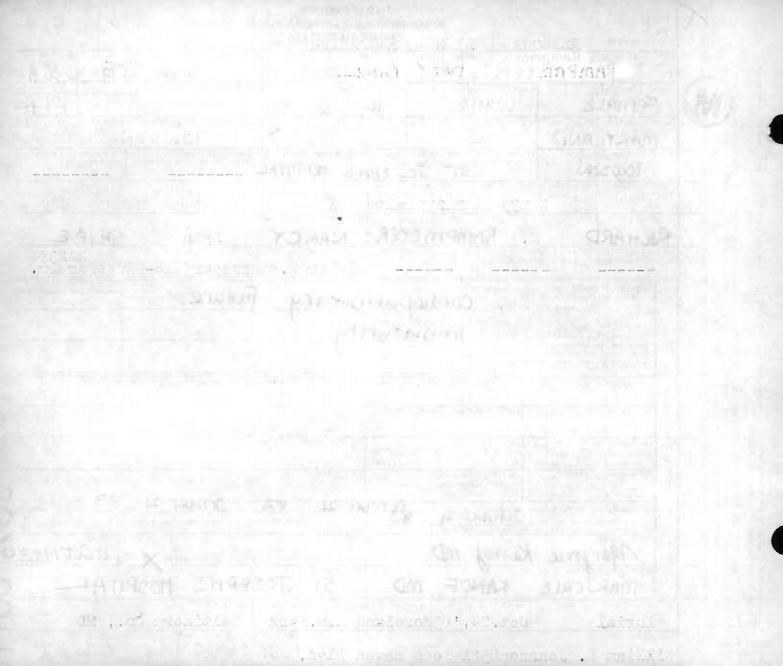
1	1		FOR	DEDA		E OF MARYLAND EALTH AND MENTAL HY	8 3	2 6	1	23
8 /		1 -	STATE REGISTRAR	DEPA		ICATE OF DEATH		Same No.		Cara G
6			CEASED NAME FIRST	MIDDLE	0	AST	REG. N	MONTH DAY	YEAR	2b. HOUR
2.2		(TYPE	OR PRINT)	LEO	RAI	FORD.		108	83	620
4		3. SE	(4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIE	RTHDAY) IF U		IF UNDER 24 HRS
			M	W	MONTH 9	15 93	904EA	BSYRS.	INS DAYS	HOURS MIN.
h	1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH	TV III
5/2	0	10.01	BALTO	434.	WIDOWI	D DIVORCED	BA	470 C	0.	MI
9	10	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI		//- A O (120 USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	BUSINESS OF
7	0		AL RESIDENCE OF NURSING HOME	OF OTHER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSIONI	40541CE	BUSINESS.	MAN.	MET	ALS
nost b	35	13a. S	TATE TO COL	INTY II3 CITY OR T	OWN	130. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	10	Arm or
The T	7	14. FA	THER'S NAME	BALTO BALT	0,	15. MOTHER'S MAIDEN NA	ME 322	CIALA	ERL	NE XI
exam.	20		FIRST	MIDDLE RAST	ind-	PIRST	MIDDLE	/	21/04	10000
nedical e	7		VAS DECEASED EVER IN U.S. A		ECURITY NO.	17. INFORMANT	ADDR	ESS To	WSm.) 2120
Bed		(,	VES 120	18- 12/11/2, 134	-24-5	TI STELLY	MARIS	PUNA.	NEYL	ALLEYK
, the			18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b)	, and (c1.)				APPROXIM- BETWEEN ON	ATE INTERVAL
event, th			PART I. DEATH WAS CAUS	ATE CAUSE (0) GASTIE	OTNI	ESTINAL BL	EEDING.			
froumatic			1590	DUE TO, OR AS A CONSE	QUENCE OF					
1001			Conditions, if any, which	(b)						
other	_		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF					
ò				(c)CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	AIN AL DISEASE OR CON	IDITION CIVEN	(NI DADT)	
injury,		ŏ	HISTORY BOW	- 0	- 1000		TINFEC			
ony	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO		20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
18 shows	X.	TE			200		YES NO	YES [NO [
00	9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	ORPART 2)	
Hem		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	ER) P.M.	19					
o pa		MED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
200			AT WORK AT WORK		12	/30 108/	16	8 10	202 .	
100			saw the deceased alive a	oital) attended the deceased from		nd that in (my) (our) opinion	death accurred on the d	lote and hour or		hot (1) (we) los ouses stated
em 21			obove, (I) (we) (did) (did r 22b, SIGNATURE	ot) view the body ofter death.		DEGREE			22c. DATE S	
H H			detaul	leagn m)	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1	8/83
IMPORTANT: IF	7		220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	J DIRECTOR THIS	CIAIT	,,,,	
IMPORTANT			K. FAIII	KNIFR NID						
₹-		23a. E	SURIAL, CREMATION, REMOVA	L 236. DAJE	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
_			BURIAL	10/11/83	NEW	CATHEDRA	4 BALTI	MOREC	TITY,	MB,
/83		24. F	INERAL DIRECTOR		6500 Y	ORK RD MOT	TEAECT BINGS TRAF	SY REGISTRA	SICOATU	REAL
	-	111	TCHELL-WIEDE	FELD HOME IN	21	212	- 0 1000	7	7	-7.



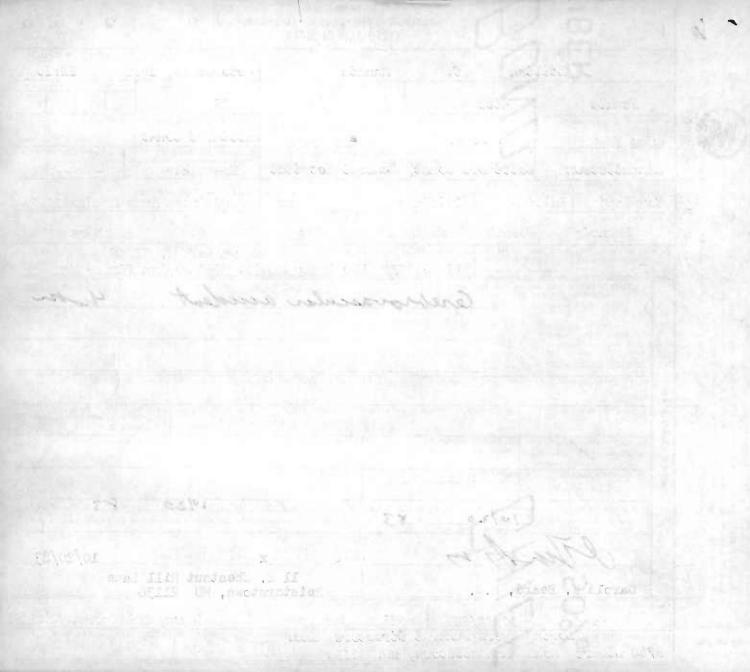
(VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPARTM	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	2	6 1	2 4
		CEASED NAME	FIRST		MIDDLE	ι	AST			DAY YEAR	26 HOUR
	(117)		ROBERT	M	ORRIS		RAITH	October	16,	1983	19P, M
	3. SE	Х	4. R	ACE	THE SAVE	5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male		White		F	eb. 7, 1899	84	YRS.		
35		IRTHPLACE (STATE ORF COUNTRY) Maryland	OREIGN 76	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Baltimor			MD.
OCHIEC		Catonsvill		(IF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A Dorcheste	ADDRESS)	PROTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF MOST			OF BUSINESS OR
er was be	13a. S Ma	AL RESIDENCE (IF NURSI STATE aryland ATHER'S NAME	ng home or oth 136 COUNTY Baltim		GIVE RESIDENCE BEFORE 131. CITY OR TOW Catonsv.	N	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS 1130 Dorc	neste	. Avenu	e 21207
30		Charles			Raith		EIRST UNKNOW	MIDDLE	c c	unkno	₩ n
) medico		WAS DECEASED EVER YES, NO OR UNKNOWN) NO	(IF YES, GIVE WA		218-01-		Eva A. Rait				IMATE INTERVAL ONSET AND DEATH
rs ony injury, or other	CERTIFICATION	couse (o), statin underlying couse PART 2. OTHER SIGN 196. DATE OF OPERAT	INFICANT CON	lost. (c) (cant conditions contributing to deal (cant conditions contributing to deal				200 AUTOPSY?	20b. IF YES	, WERE FINDI	NGS USED OF DEATH?
s morked or Item 18 shows		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		S ART 1 OR PART 2)	NO 🗍
rked or It	MEDICAL	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) sow the decease above (1) (ve) (c	d olive on	10	1/16 19 8		nd that in (my) (our) opinion DEGREE	deoth occurred on the do	te and hou	r ond from the	
MPORTANT: If them 21		22d. Pervician's Na	We suppose	T	nelses	6	ATTENDING PHYSICIAN D	MEDICAL STAF		10/	18/83
1 POR		Herbert	Levick	as	M.D.	115		rive, Balti	more,	Md. 2	21227
4		BURIAL, CREMATION, (SPECIFY) Burial		10/1	9/83 D	ruid	EMETERY OR CREMATORY Ridge Cemeter	23d. LOCATION CITY OR TOWN PIKESV		COUNTY	STATE Md.
/82	16	TO Edmonds	ussell on Aver	C. Wi	tzke Func	ral H	lomes P.A. 250 DAT 1. 21228 OC	e rec'd. by registrar	25b. REGIST	RAR'S SIGNAT	TURE

1903 P.B.	r spd.de0	HEIAR	cinnot n	GBOR &
		700, 7, 1699-	2027	n.En.
	i ozembiina			S.mo.Lyconia
	Zie Huelin II	npasuA	1130 Corchester	aLlivenoja)
0215 summy 50	lamintod OE12	X- 101	Livero Colonevil	Trryland tolt
same.		กษอกปลบ	Kalth	gnizmil
	A se ones	iz Ever A. Hoith	216-01-86	
		June Breeze		
TO				
100	8/AG -7	2/2	10/16	5 9
53.41/21		X S AX	Tallous Tall	
2022	sontiles .sub	SWA fast St	okso F.D.	Vol Sigdien
Dillo	Liavaerii9	and the second of	10/19/31 Drud :1 C. Citaka Funura ut. Catonsville:	Leady R. B . Nuasa



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



REGISTRAR			DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	•:::::: O.		154
I DECEASED NAM	AE FIRST	1	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TITE OR PRINT)	John		Ρ.		RAY	October 2	6. 19	83	13
3. SEX		RACE		5. DATE O	F BIRTH	6. AGE IN YEARS LAST BIR		IF UNDER 1 YEA	
10		V	/	MONTH	9/24/07	76	VDC	MONTHS DAYS	HOURS N
	STATE OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	1-11-	9 BALTIMORE CITY O	YRS.	OF DEATH	1
COUNTRY)	D	()5	A	MARRIE		Baltimore			
CITY OR TOWN	OF DEATH	I. NAME OF H	HOSPITAL, NURSIN	•	DIVORCED DIVORCED	12a. USUAL OCCUPATI			OF BUSINESS
ROSSV	TILE	FRAI	NKLIN	5	P.	(TYPE OF WORK FOR MOST C	OF WORKING LIF	INDUSTRY	0 -
130 STATE	E (IF NURSING HOME OR OT 136 COUNTY BA		13c. CITY OR TOW	N I	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ENS	REW	37/
M FATHER'S NAM		DDLE	LAST		15. MOTHER'S MAIDEN NA	AE MIDDLE			
FRI	NK	RA	4		DORA	ALLEI	v	Į.	AST
	ED EVER IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	SS		
LIVES NO OR UNKE		VAR OR DATES)	21205	5 998	MAE TU	CKER Y	218	GREE	NRAN
		ane cause per			, .		2.10		XIMATE INTERVAL
PART I. D	DEATH Enter only DEATH WAS CAUSED		ardiores	nirat	ory Arrest			BELVACEL	ONSET AND DEA
11	IMMEDIATE				ory mires				
Conditions	#		R AS A CONSEQUE		g Carcinoma				
	, if any, which	(b)	ic cas ca c i						
	to immediate	1		0	g care mona				
	, stating the	DUE TO, OF	r as a conseque		g our critoma				
cause (a)	stating the couse last	(c)_	r as a conseque	NCE OF					
cause (a) underlying PART 2 OTI	stating the couse last	(c)_	r as a conseque	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	(a·
cause (a) underlying PART 2 OTI	, stating the couse last	nditions <u>cc</u>	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM				=0.01
cause (a) underlying PART 2 OTI	stating the couse last	nditions <u>cc</u>	R AS A CONSEQUE	DEATH BUT		INAL DISEASE OR CON	20b. IF YES	S, WERE FIND	=0.01
PART 2 OTH	stating the couse last HER SIGNIFICANT CO	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND FYING CAUSE S	INGS USED
PART 2 OTI	Stating the couse last HER SIGNIFICANT CO	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH?
PART 2 OTI	T WAS UNDERLYING CALLER OF DEATH THE COUNTY CONTROL CANADICE CONTROL CANADIC CANADIC CONTROL CANADIC CANADIC CONTROL CANADIC CANAD	(c)	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH?
PART 2 OTI 19a DATE OF 21a. ACCIDEN OR CONTRIBU (IF EITHER NI 21d INJURY	TWAS UNDERLYING COUNTY WAS UNDERLYING CAUSE OF DEATH OTHER MEDICAL EXAMINER) OCCURRED	19b. CONDI 21b. TIME O HOUR A.I	R AS A CONSEQUE ONTRIBUTING TO E TION FOR WHICH FINJURY M. OF INJURY	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FIND FYING CAUSE S	INGS USED S OF DEATH?
PART 2 OTH PART 3 OTH	T WAS UNDERLYING CALLER OF DEATH THE COUNTY CONTROL CANADICE CONTROL CANADIC CANADIC CONTROL CANADIC CANADIC CONTROL CANADIC CANAD	19b. CONDI 21b. TIME O HOUR A.I	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M.	OPERATION AY YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 21l LOCATION	200 AUTOPSY? YES NOTE NOTE ED (ENTER NATURE OF INJU	20b. IF YES	S, WERE FIND FYING CAUSE S PART OR PART 2)	INGS USED S OF DEATH? NO
PART 2 OTI 19a DATE OF 21a, ACCIDEN OR CONTRIBU (IF EITHER N. 21d INJURY AT WORK 22a certify	TWAS UNDERLYING TIMES COURRED NOT WHILE ALTWORK That (this haspital	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE (IAT HOME STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	DEATH BUT OPERATION AY YEAR 19 ARM.ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 211 LOCATION STREET	200 AUTOPSY? YES NOTE NOTE ED (ENTER NATURE OF INJU	20b. IF YES IN CERTIF YE RY IN ITEM 18. F	S, WERE FIND EYING CAUSE S PART I OR PART ?) COUNTY	INGS USED S OF DEATH? NO
PART 2 OTI PART 2 OTI 19a DATE OF 21a, ACCIDEN OR CONTRIBU (IF EITHER IN ALL WORK ALL WORK 22a certify	TWAS UNDERLYING TIMES COURRED NOT WHILE ALTWORK That (this haspital	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE (IAT HOME STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATION AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 211 LOCATION STREET	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES IN CERTIFY YES	S, WERE FIND FYING CAUSE SS DART (OR PART 2) COUNTY	INGS USED S OF DEATH?
PART 2 OTI 19a DATE OF 21a. ACCIDEN OR CONTRIBU (IF EITHER N. 21d INJURY AT WORK 22a I certify	TWAS UNDERLYING TIMES (ALEXAMINER) OCCURRED NOT WHILE ALEXAMINER AT WORK That (this haspital (we) (did)	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE (IAT HOME STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATION AY YEAR 19 ARM, ETC.) OC toba	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURF 21l LOCATION STREET 27 21 19 83	200 AUTOPSY? YES NOW RED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES IN CERTIFY YES	S, WERE FIND EYING CAUSE S PART I OR PART 2) COUNTY 19 83 or and from the	INGS USED S OF DEATH?
PART 2 OTI PART 3 OTI PART 3 OTI PART 3 OTI PART 3 OTI PART 4 OTI PART 4 OTI PART 4 OTI PART 5 OTI	TWAS UNDERLYING TIMES (ALEXAMINER) OCCURRED NOT WHILE ALEXAMINER AT WORK That (this haspital (we) (did)	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE (IAT HOME STR	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATION AY YEAR 19 ARM, ETC.) OC toba	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURE 21l LOCATION STREET PY 21 19 83 d that in 19 (aur) apinion of DEGREE ATTENDING	200 AUTOPSY? YES NOW CITY OR TO CITY OR TO MEDICAL STA	20b. IF YE: IN CERTII YE RY IN ITEM IB II	S, WERE FIND EYING CAUSE S PART I OR PART 2) COUNTY 19 83 or and from the	INGS USED S OF DEATH? NO
PART 2 OTH	TWAS UNDERLYING TIMES (ALEXAMINER) OCCURRED NOT WHILE ALEXAMINER AT WORK That (this haspital (we) (did)	19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ 21e. PLACE ((AT HOME STR)) attended the ctober view the body	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATION AY YEAR 19 ARM, ETC.) OC toba	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURF 21l LOCATION STREET PY 21 19 83 d that in 1990 (aur) apinian of	200 AUTOPSY? YES NOT CITY OR TO to October death accurred on the de	20b. IF YE: IN CERTII YE RY IN ITEM IB II	S, WERE FIND EYING CAUSE S PART I OR PART 2) COUNTY 19 83 or and from the	INGS USED S OF DEATH? NO
PART 2 OTH	T WAS UNDERLYING THAT COUNTY WHILE THAT WORK T	19b. CONDI 19b. CONDI 21b. TIME O HOUR A./ 21e. PLACE (IAT HOME SIR Ctober View the body	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET FACTORY, OFFICE F.	OPERATION AY YEAR 19 ARM, ETC.) OC toba	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURS 21l LOCATION STREET PY 21 19 83 d that in 1989 (aur) apinian of DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW CITY OR TO CITY OR TO MEDICAL STA	20b. IF YE. IN CERTII YE IN CERTII YE RY IN ITEM 18 I	COUNTY 19 83 22c. DAT	STATI
PART 2 OTI 19a DATE OF 21a ACCIDEN OR CONTRIBU (IF EITHER NI 21d INJURY AT WORK AT WORK 22d PHYSIC 23d. BURIAL, CREM	T WAS UNDERLYING THAT CO COURRED NOT WHILE ALL WORK (this haspital e deceased of live on the course of the course	IPB CONDI 21b TIME O HOUR A.I 21e PLACE C (AT HOME STR VIEW THE BODY 23b. DATE,	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY ELET FACTORY, OFFICE F. deceased from 26 19 after death.	OPERATION AY YEAR 19 ARM, ETC.) Octob. 83., an	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURS 21l LOCATION STREET PY 21 19 83 d that in 1989 (aur) apinian of DEGREE ATTENDING PHYSICIAN [200 AUTOPSY? YES NOW CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC 1 In Square [236, LOCATION	20b. IF YE. IN CERTII YE IN CERTII YE RY IN ITEM 18 I	COUNTY 19 83 19 00 DATE 22c. DAT 26 2123	STATI
PART 2 OTI PART 2 OTI 19a DATE OF 21a, ACCIDEN OR CONTRIBU (IF ETHER N. 21d INJURY Saw the above, 7th sign A	TWAS UNDERLYING TIMES (AUSE OF DEATH ON COURRED NOT WHILE AT WORK OF DEATH OTHER OF THE AUGUST OF TH	19b. CONDI 19b. CONDI 21b. TIME O HOUR A.I P.I 21e. PLACE (IAT HOME STR VIEW the body	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. MONTH DA DF INJURY EET FACTORY, OFFICE F. 26 after death. J M D.	OPERATION AY YEAR 19 ARM, ETC.) Octob. 83., an	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURF 21l LOCATION STREET PT 21 19 83 d that in 1990 (aur) apinion of physician physician physician [22e ADDRESS]	200 AUTOPSY? YES NOW NED (ENTER NATURE OF INJU CITY OR TO TO October death accurred on the di DIRECTOR PHYSIC lin Square	20b. IF YE. IN CERTII YE IN CERTII YE RY IN ITEM 18 I	COUNTY 19 83 22c. DAT	STATE STATE STATE STATE STATE
PART 2 OTI 19a DATE OF 21a ACCIDEN OR CONTRIBU (IF EITHER NI 21d INJURY AT WORK AT WORK 22d PHYSIC 23d. BURIAL, CREM	TWAS UNDERLYING TIMES (AUSE OF DEATH ON COURRED NOT WHILE AND OF COURRED (We) (did) TO COURSE (We) (did) TO COURSE (We) (did) TO COURSE (WE) (AUSE OF DEATH ON COURSE (WE) (AUSE OF DEATH ON COURSE (WE) (AUSE OF COURSE OF COURSE (WE) (AUSE OF COURSE OF COURSE (WE) (AUSE OF COURSE OF COURSE OF COURSE OF COURSE (WE) (AUSE OF COURSE OF COURS	IPB CONDI 21b TIME O HOUR A.I 21e PLACE C (AT HOME STR VIEW THE BODY 23b. DATE,	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY ELET FACTORY, OFFICE F. deceased from 26 19 after death.	OPERATION AY YEAR 19 ARM, ETC.) Octob. 83., an	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCURF 21l LOCATION STREET PY 21 19 83 d that in 1990 (aur) apinion of the physician physician physician (aur) apinion of the physician phys	200 AUTOPSY? YES NOTED CITY OR TO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSIC 1 In Square 23d. LOCATION CITY OR TOWN CITY OR TOWN	20b. IF YE. IN CERTII YE. RY IN ITEM 18 IF	COUNTY 22. DAT 2123	STATE STATE STATE STATE STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

retained by the haspital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages Land 2 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. MPORTANT: If Item 21 is marked at Item 18 that any injury, ar ather traumatic event, the medical ex

med state essex. I say service set THE THE FURNISHED THE PART OF THE STREET, IN IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic event, the medical examiner must be notified at once.

	1 -	FOR STA' REG
	I. DEC	OR PRIN
-		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

0	V	#im	0	
	250 110			

REGISTRAR		CERTIF	CATE OF DEATH	REG. N	10.	
I. DECEASED NAME	FIRST MIDE	DLE L	AST	20. DATE OF DEATH	MONTH DAY YEA	AR 2b. HOUR
(TYPE OR PRINT)	BABY BOY	REAVIS			10-18-83	5:25pm
SEX	4. RACE	5. DATE O		6. AGE (IN YEARS LAST BI		
MALE	BLACK	MONTH	0-18-83		YRS.	DAYS HOURS 18
BIRTHPLACE (STATE	ORFOREIGN 76. CITIZEN OF WH	IAT COUNTRYS 9		9. BALTIMORE CITY	OR COUNTY OF DEATI	Н
MD	USA	WIDOWE	NEVER MARRIED X		RE COUNTY	Y
CITY OR TOWN OF	EATH 11. NAME OF HO	SPITAL, NURSING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPAT		ND OF BUSINESS OR
TOWSON	OF NOT STEH	ÖSEPH HÖSPI	TAL	(TYPE OF WORK FOR MOST (OF WORKING LIFE) INDUS	TRY
SUAL RESIDENCE (IF N	URSING HOME OF OTHER INSTITUTION, GIV		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
MD	BALTIMORE		YES NO X		SWOOD AVE	E 21228
FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN N.	AME		LAST
ROSCOE	F. REA		WILLA		BARBE	
		SOCIAL SECURITY NO.	17. INFORMANT	ADDR		
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)					
IN CAUSE OF DE	ATH (Enter only one couse per line	e for (a) the and (c) CA	RDIO-RESDII	DATODV.AD	DEST APP	PROXIMATE INTERVAL
PART I. DEATH	WAS CAUSED BY:	Carolia -	- WARNETY	amst.	REST BEIM	VEEN ONSET AND DEATH
-	IMMEDIATE CAUSE (a)	200000	- 1000000000	Charlel .		
7/25	DUE TO OR A	S A CONSEQUENCE OF A	IMMATURIT	Y		
Can distance of			mmakuki		CALL TO VOI	
Conditions, if o						
couse (a), sto		S A CONSEQUENCE OF				
underlying co	use lost.					
DART 2 OTHERS	GNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT BELATED TO THE TER	MAINIAL DISEASE OR CON	IDITION CIVEN IN DAR	27 1/2
	SINIFICANT CONDITIONS CON	KIBOTING TO DEATH BOT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	(110
190. DATE OF OPE	DATION LIAN CONDITION	ON FOR WHICH OPERATION	LWAS BERSORMED	20g AUTOPSY?	20b. IF YES, WERE FIN	NIDINIOS USED
196. DATE OF OPE	TATION 196. CONDITIO	IN FOR WHICH OPERATION	4 WAS PERFORMED	200 AUTOPST?	IN CERTIFYING CAU	
5				YES NO	YES 🗌	NO 🗌
210. ACCIDENT WAS			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART	T 2)
OR CONTRIBUTING] chose of ockin	MONTH DAT TEAK				
21d. INJURY OCC			21f. LOCATION			
WHILE NOT	(AT HOME STREET	, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	OWN COUNTY	Y STATE
AT WORK	WHILE WORK					
22a. I certify that	(this hospital) attended the d	Jeceosed fram10-	-18- ₁₉ 83	3	-83 ₁₉ (8	3) that (X (we) lost
sow the dece	osed of the on 10-18 (did) (did) (did) (did) (did) (of the one of the order of the	19 83 , on	d that in (m) (our) opinion	n death accurred on the d		
22b. SIGNATURE) (did) (did/20% view the body oft	ter death.	DEGREE			ATE SIGNED
	a Nititham, M.D.		ATTENDING	MEDICAL STA	FF.	10-18-83
22d. PHYSICIAN'S			PHYSICIAN 122e ADDRESS	D DIKECTOK D PHYSIC	CIMIT KS	10 10 00
70	H (N+10	MA	2/	Jacob	time to	
That	withe Thillham	, MD	Or	Joseph	harpital	
3a. BURIAL, CREMATIO	N, REMOVAL 23b. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
Burial	10-26-8	3 Parkwo	od	Baltimore		
	1 2 0 0 0	2				

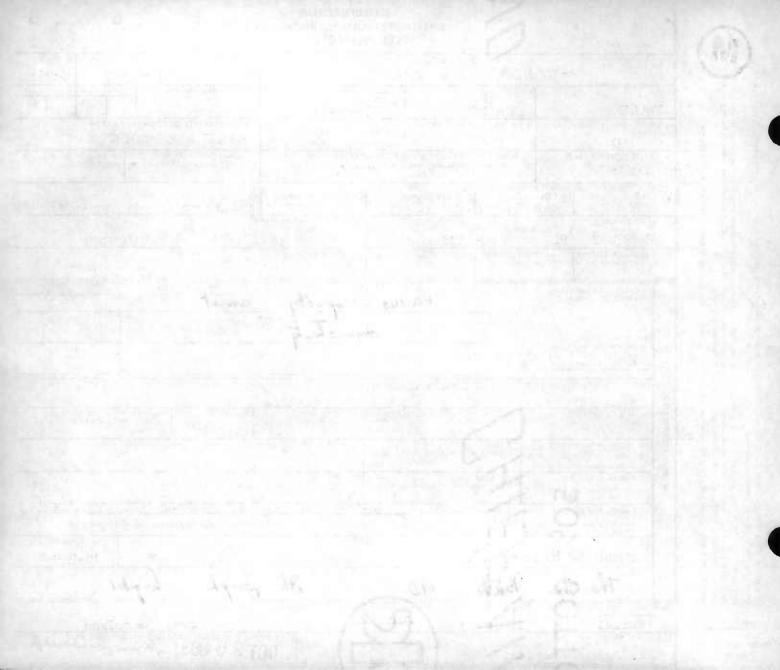
DHMH - 16 50M 4/82

BP.

24 FUNERAL DIRECTOR
St. Joseph Hospital (VRA 15, 4)

ADDRESS

BY REGISTRAR 256 REGISTRAR'S SIGNAR R



EX 30 at A THE EAST ANALYSIS TO WITH AND THE PENNIC WHILE TION OF Cay 2 Debet of wall was Defended 4-11-0 314/11/3439 56 69

X()	REGISTRAR			CERTIFI	CATE OF	DEATH	REG. N	0.		
	EASED NAME FIRS		rene	Rei			20. DATE OF DEATH	ber 2	1,1983	26. HOUR 8:15 A
3. SEX		4. RACE Whit	e	5. DATE OF		1916	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HR
	RTHPLACE (STATE OR FOREIGH OUNTRY) Maryland	75. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED WIDOWEL		MARRIED	9. BALTIMORE CITY O Baltimore	R COUNTY		,
	eisterstown		IOSPITAL, NURSIN Bacility, Give street Bond Ave		OTHER INS	TITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOUSEWITE		12b. KIND O INDUSTRY	OF BUSINESS C
USUA 110 ST Ma	L RESIDENCE (IF NURSING HO TATE ryland 135 C	me or other institution. OUNTY altimore	GIVE RESIDENCE BEFORE 13. CITY OR TOW Reister:	stown	13d. INSIDE C	NO 🔀	13. STREET ADDRESS 302 Bond	Avenue		21136
30 M. FAT	THER'S NAME James	WIDDLE	Meade		15. MOTHER	S MAIDEN NA	WE		Hobas	on
	AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF Y)		216-01-3		Thomas	A. Rei	illy, 302 Reis	Sond Attersto	venue wn, Md.	
event, the	18. CAUSE OF DEATH (Ent	er anly one couse per AUSED BY: DIATE CAUSE (a)			IRAT	CRY E	AUIZE			MATE INTERVAL ONSET AND DEATH
	Conditions, if any, whice gave rise to immediate cause (a), stating the underlying cause los	h e e e t. DUE TO, OR	AS A CONSEQUE PULMONT	ENCE OF	- iBRCS	2i	MCHARY DI		EN IN PART 11	a
	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFO	DRMED	200 AUTOPSY?		, WERE FINDIN	
Item CAL	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	MINER) HOUR A.A.	M. MONTH DA M. DE INJURY	19	21c. HOW IN	01	RED (ENTER NATURE OF INJU		COUNTY	STATE
ork	WHILE NOT WHILE C		EET, FACTORY, OFFICE, F		141	19.53	10.7		7.5	
21 is	220.1 certify that (1) (this saw the deceased ali abave, (1) (we) (did) (3 <u>3</u> , one	I that in (my		deoth accurred an the d		and fram the	
=	226. SIGNATURE	MAN	anka	3 1		ATTENDING PHYSICIAN	MEDICAL STA		10-Z	1.1983
IMPORTANT: #	GARY A. M	TYPE OR PRINT)	CO		1172Z		stown Ro,	Reister	stewn,	M) 2113
230. BU	URIAL, CREMATION, REMO Burial	Oct. 24				Cemete:	23d. LOCATION CITY ORTOWN TY Texas	Bal	timore	Md.
	NERAL DIRECTOR NAME CITY (FOR C	Ekharat	ADDRESS Owings		-	250. DAT	Texas FRECID BY REGISTRAN 12 6 1983			-

Cotober 21,1983 gg		wift.			ncomná	
7)	9161	A North		edildi		GEAL AV
Britishe County						and the same
all means			suntervic	302 Bond		Not beirete
bunevA bood SOF	22.0		wormenda	lel oron	EF DAG	banlylad
madon	662		000			mounts.
11y, 502 Done Avenue	Post . A m	Thomas	771.	-)[-		als:
					17 p = 11	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH I. DECEASED NAME 26. HOUR (TYPE OR PRINT) 1:48am 10 - 21 - 83Frank Reinsfelder 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX MONTH YEAR Male White 74 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY Maryland WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR "St"Joseph"Hospital LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Warehouseman Mann. Service WAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h. COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimere Md. 503 S. Rebinson Street 21224 NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Frank C. Reinsfelder Freida Nitzel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Shirley Walters. 5 Bridge Drive (YES, NO OR UNKNOWN) 218-18-9100 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN, IN PART 1 to CERTIFICATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [

71a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY

220.1 certify that (1-(this haspital) attended the deceased from

saw the deceased alive on 111-21 above, (X(we) (did) (Ad Xot) view the body after death.

HOUR A.M. MONTH DAY P.M.

21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR

19

10 - 19

83

211 LOCATION

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

STATE

and that in (XV) (Dur) opinion death accurred on the date and hour and from the causes stated

22c. DAJE SIGNED

COUNTY

224 PHYSICIAN'S NAME LITYPE OF PRINT

230. BURIAL, CREMATION, REMOVAL

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

WHILE

22b. SIGNATURE

Burial

7620 YORK ROAD TOWSON MD 21204 23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

DEGREE

ATTENDING

23d LOCATION

CITY OR TOWN

Oak Lawn Cemetery Baltimere 24 FUNERAL DIRECTOR

750. DATE REC'D. BY REGISTRAR 256 ROGISTRAR'S SIGNATURE

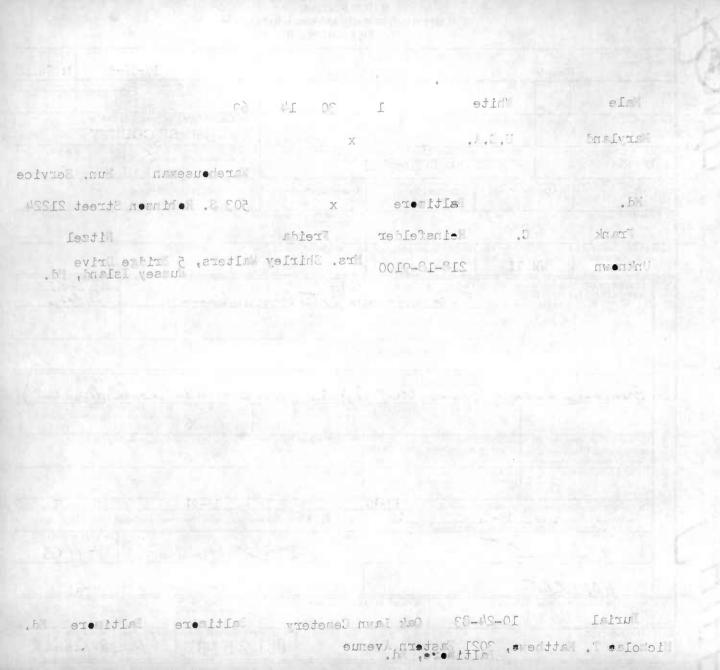
Baltimere

DHMH - 16 50M 4/83 (VRA 15, 4)

NichoTas T. Matthews.

23b DATE

10-24-83



Henry Sander & Sons. Ino. Balto., Md. 21213

(VRA 15, 4)

cotoler 1, 15 3 111 30	SALISH BEHAVE BEDAVE
	March 12, 12, 114
	ALCONOMIC TO ALCONOMICA ALCONOMIC TO ALCONOM
Houseville At House	The District of The Control of Co
ollyffeldyn, bi drof foeti	xo stilvagelos wantiles besigned
23030 - 23030	to supple affection to the same of the sam
New York of the Street of the	
2000 48 100 1500 18	The professional and the second
Tange Transport	
200148	
	A CHILDREN TO THE WAY TO THE WORLD

COFIC Suntal Pall as mitted SMP 100 - Land Toylor Tuneral Charged - Hanopalisani relyect

19-31 28 2 too			T. 50	144	
divinit e regidina				,5,	
				Sabon VI's c	
	mt feloi				
			610		
V-mumluk = A-A	In 8 to	al enterpo	٥٠		
V-mnowly = A. A	In 8 to		٥٠		
V-anomin's second	In 8 to	al enterpo	٥٠		
V-anomin's second	In 8 to	of roll	٥٠		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI	REG. NO.	20133
		CEASED NAME FIRST CATHER	INE T.		OBBINS	20 DATE OF DEATH MONTH	16/93 4:34 PM
	3. SE	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF ONDER I YEAR IF UNDER 24 HRS
	100	Female	White	6 6	12 YEAR 12	71 YRS	MONTHS DAYS HOURS MIN.
K		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIE WIDOWS	D NEVER MARRIED	Baltimore City or Coun	e County MD
5	C	atons Ville	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Meridian	URSING HOME (E STREET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING PAYROLL)	126. KIND OF BUSINESS OR
1	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 131 COURT A.A	NTY 13c CITY O		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 306 Linda Ave	nue 21090
2	14. FA	ATHER'S NAME William	J. Ro	bbins	15 MOTHER'S MAIDEN NAM	MIDDLE	Bennett
2		VAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) (IF YES, GIV	VE WAR OR DATEST	9-6476 76	17. INFORMANT	obbins 306 Lin	
7	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON	TO DEATH BUT	noc, cent		YES, WERE FINDINGS USED
2	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING COLOR CAUGE OF DE	The second of th	H DAY YEAR	711 HOW INJURY OCCURRE	YES NO NORTH IN CES	YES NO NO
	MEDICAL	TESTINER HOTEY MEDICAL ESAMINET 218 INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21s. PLACE OF INJURY (AT HOME, STREET, FACTORY)	DIFFICE FARM, ETC.)	TH LOCATION	COVORIGANI 2 10 / 13	COUNTY STATE
	1	The t certify that (I) (this hosp saw the decreased alive or above, (I) (we) (did) (did no 77% SIGNATURE	of Thebody after death	FF SK	DEGREE ATTENDING PHYSICIAN	heath occurred on the date and to MEDICAL STAFF DIRECTOR PHYSICIAN	19, that (I) (we) last hour and from the courses stated 221: DATE HIGNED
		Dr. Marin	OR PRINT)		Wilkens LPin	e Hote. Ave. D	baltand 21229
	23a. E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 10/20/83		thedral Cem.	Baltimore	Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

10/4/75 HINE			
No. of the last of			
And Tomesan Continue	Same Sale	2,1,1	
The second of the second of		The state of the	-Ward to
00012 Svi- V		min landi	P. A Surveyant
tts.enso.		Serger de la CE	E. (4)
State of the same			

Survey of the contraction will be determined for Labour

nding physician and completely filled in by the funeral di carbanpapers. Pages 1 and 2 should be filled within 72 ha

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ľ	- STATE REGISTRAR			1-7-7-1	CERTIF	ICATE OF DEATH		REG. NO.			
	ECEASED NAME PE OR PRINT)	FIRST		ATTANT!	Т	ROBERSON	20. DATE OF				26 HOUR
_		GRACE		ALIANT				er 14,	_		1:35a
3. St	Femal		RACE Wh	ite	5. DATE O			EARS LAST BIRTHD		FUNDER I YEAR	HOURS MIN.
70. E	BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMO	RE CITY OR C		OF DEATH	
Ma	aryland		U.S.	Α.	WIDOWI	D NEVER MARRIED L	Balti	more Co	ounty	,	IAA .
_	Essex	DEATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET in Square	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL	OCCUPATION K FOR MOST OF W		126. KIND (OF BUSINESS OR
13a Ma	JAL RESIDENCE (# N STATE aryland	136 COUNT	imore	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Relay		13d. INSIDE CITY LIMITS? YES NO 🔀		ADDRESS Ruby A	venue	e 212	27
14. F	ATHER'S NAME FIRST Frank		DOLE E .	Botter:	i 11	15. MOTHER'S MAIDEN N FIRST Ida	AME	WIDDLE		K	olbe
	WAS DECEASED EV		ED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS			
	NO	(IF TES, GIVE	WAR OR DATES)	212-30-5	5449	Elanor M. G	Goodman	4713	Ruby	Ave.	21227
NOI		immediate ating the use lost.	DUE TO, O	Hypertens	576n,	Age, Arterio	scleros	is	ION GIVE	N IN PART I	(0)
CERTIFICATION	19a. DATE OF OPE	RATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO				NGS USED S OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY N 21d. INJURY OCC	CAUSE OF DEATH	P. 21e. PLACE	M. MONTH DA	AY YEAR 19	21t. HOW INJURY OCCU	RRED (ENTER NA	TURE OF INJURY IN	TEM 18 PA	RT I OR PART 2}	STATE
V	22a.l certify that	NAME (TYPE OR	PRINT)	e desegsed from \$14 offer death.		DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAL	ond hour	22c. DATE	that (% (we) lose e couses stated E SIGNED 14-83
230.	BURIAL, CREMATIC		23b. DATE 10/16	23ε. 1		EMETERY OR CREMATORY Park Cremato	CITY	ATION OR TOWN Ltimore		COUNTY	Marylan

DHMH - 16 50M 4/82

BP.

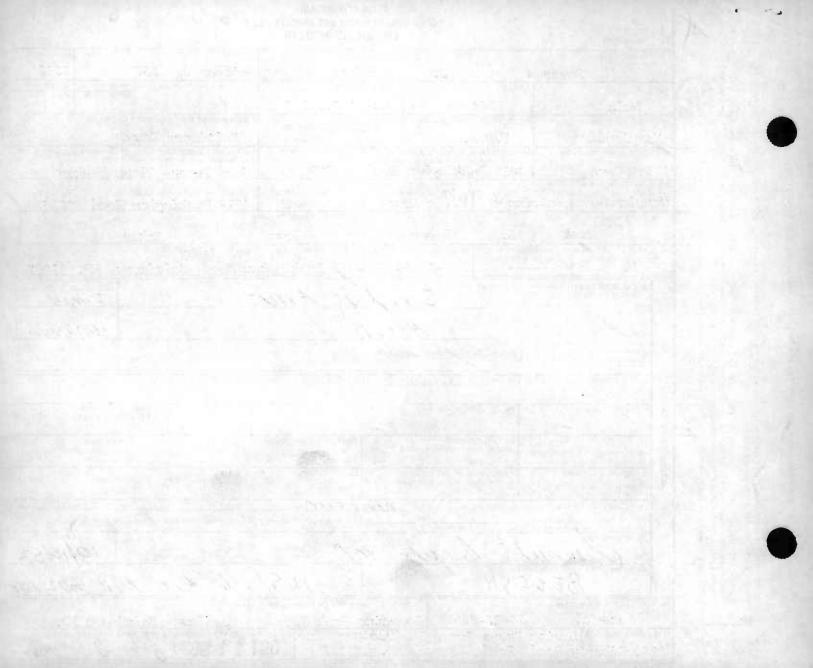
TO FUNERAL DIRECTOR: After this

should be detached for use as with the State Dept. of Health

(VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

need the state of	out senior 127 cases	
a term payor for the property	2007011 2000130	
THE LEVEL SHEET STORY		
		A CHARLES



2 111		JUSEPH A.			OF MARYLAND	LEADE .	3 (3 5
~ lott		FOR			ALTH AND MENTAL HYG	W W	40100
011	7-	REGISTRAR	WEI		S'S CERTIFICATE OF I	REG. IN	
		I. DECEASED NAME FIRST	0	MIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
FASE TOR. OURS	E .	JOSEPH	N	ROBINS	/A CO	DEATH MATED	19 M
2	15	3 SEX 4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS)	MONTHS DAYS HOURS MI		MONTH DAY YEAR 10 710 118
(W. 25)	Z.	/ AIR LAI			MONTHS DAYS HOURS MI	PRONOUNCED DEAD	-7 21 1983 P M
- (TA)3	馬。人	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE	AT COUNTRYS	MARRIED X NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH
. 新 奇色是	× 46	DELAWARE	USA		DIVORCED DIVORCED	BALTIMOR	E COUNTY MD
ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DELAY IS M ITEM 18. AND 31 OTHE M INGO WITH FORM PM. 3. RETAIN PAGE E PERMIT, PAGES I AND 2 SHOULD BE FILED.	3	10. CITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME, O		USUAL OCCUPATION (TYP	
A A S A S A S A S A S A S A S A S A S A	8/1	ROSEDALE	(IF NOT IN SUCH FAI	CILITY, GIVE STREET ADDRESS)	DD 400 4	FOR MOST OF WORKING LIFE)	
DELAY 3 TO TH	RDS	USUAL RESIDENCE (IF IN NURSING HOM	E OR OTHER INSTITUTION, GIV	TLADELPHTA /E RESIDENCE BEFORE ADMISSION)	RD. APT. 1	DRY WALL FI	NISH. CONSTRUC.
21201 ANY AND 3 RETAI	825	13a. STATE 13b. COL	INTY	13c. CITY OR TOWN		STREET ADDRESS APT	• 1 21237
SHC SHC	2		LTIMORE	IROSEDALE	YES NO T		DELPHIA RD
M HH.	E AAA	IA. FATHER'S NAME FIRST LEWIS	MIDDLE	LAST	15. MOTHER'S MAIDEN I	MIDDLE	LAST
DEATH GES 1, M PM AND 2	\$20		F.	ROBINSON	LILLIAN	E.	ALEXANDER
ALTIMA AFTER INE PA H FOR AGES 1	Z /	160 WAS DECEASED EVER IN U.S. A (YES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	166 SOCIAL SECURITY N	O. 17. INFORMANT	ADDRESS	APT. 1
ALI SIVE AG	ISIC	YES WW	II	222127301	FRANCES RO	BINSON 852	5 PHILADELPHIA
ON ST., B 24 HOURS LONG WIT PERMIT. P.	ā	18 CAUSE OF DEATH (Enter		for (a), (b), and (c).)		4 14 4	APPROXIMATE INTERVAL BETWEEN ONSET AND TO
RAG H	A. E.	PARTIDEATH WAS CAUS	ATE CAUSE (a)	न हरि। ७ ५	CLEROTIC	CARDI	0.5
512 AZZA Z	Q Z	4292	DUE TO, OR	AS A CONSEQUENCE OF	1 - 1	000	
NS ER	EA H	Conditions, if any, which		MSCUL	AR PLISE	715	
D WIT	NA NA	gove rise to immedia couse (a) stoting the unde		AS A CONSEQUENCE OF			
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PRUDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. REPLATED STROULD BE USED AS A BURIAL - IRRANSIT PERMIT. PAGES 1 AND 2.5 SHOULD	OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL	lying couse lost.					
S. S	ATIO	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH I	HIT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART I		
RECORDS, JID BE EXECT PENDING" MEDICAL D AS A BUR	EW			TO THE TERMINAL	STATE OF COMPILION OFFER IN PART	0).	
DIVISION OF VITAL REC MINER: THIS CERTIFICATE SHOULD B FICATE, WRITING THE WORD. PEN PE FORWARDED TO THE CHIEF ME CITOR: PAGE 3 SHOULD BE USED AS	\$ 5 -	190 DATE OF OPERATION 210. EXTERNAL CAUSE WAS	19h CONDIT	ION FOR WHICH OPERATI	ON WAS PERFORMED?		29 AUTOPSY?
VITAL RESHOULD OND "PE CHIEF A	A SE	5					_ A
E S S S S S S S S S S S S S S S S S S S	Z B	210. EXTERNAL CAUSE WAS	21b. TIME OF	INTERV	21c HOW INJURY OCCURRED (8	ALTER ALAVIEDE OF BUILDING BUILDING	YES NO
IVISION OF CERTIFICATE ITING THE WEED TO THE	28 A		HOUR A.M	MONTH DAY YEAR	210 110 W 11430K1 OCCORRED (E	HAIER HAVIORE OF HAJORE HAILEM IB	PART TOR PART 2)
6 F 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	SIOR	CONTRIBUTING CAUSE O			If LOCATION		
SEE SEE	DE	WHILE NOT WHILE		ORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
A VAR	ATE	AT WORK AT WORK					
ATE. J	ES.	22a I certify that I took cho	orge of the remains des	cribed above, held an	Autopsy , Inspection	Inquiry , on	d in my apinion
MNE WO	‡ ≸	death resulted from No	hiral couses X	Accept . Suicid	e . Homicide .	Indetermined manner .	
3E-0	ARY	11	1000		FUTLE (SPECIFY)		1- 1500
	ī, Ś	ACTUAL SIGNATURE	11/1	nerom	W DSPUTY	MEDICAL EXAMINER	DATE 10/21/83
2 = 3 2	SEA.	Ou	1	1	120	1 15 (75 RA	IRVNRD
MEDICAL B ECUTE THE GE 4 SHOU FUNERAL	# P	EXAMINER'S NAME (TYPE OR PRINT)	FUL 1-	GUERL.	NADDRESS COCK	284501223	MO 21030
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITI PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3	BAL	230. BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CEMET		3d. LOCATION	
		CREMATION	10/22/83	WESTVIE		BALTO.	BALTO. MD.
BP	-	24 FUNERAL DIRECTOR	110/22/03	1 *************************************		D. BY REGISTRAR 256, REGI	
DHMH - (VR A15 M		HAME	1211 ADDRESS	1 1	OCT 2	3 4 1983 Jou	in & Counted
	/82	10 work	1011	ne caro hour	2016	- 1000	

11 / 23 113

DESERT DAY THE LOWER SHE OCT IL 88 to to to the little of the CONTRACTOR . THE STATE OF THE STATE OF THE SALE STATES. TCC1C 1.TE LEGISLA . VALUE DIE TOUR TOUR STREET The second secon THE TOUR PLAN DE COMPANY AND THE PARTY OF TH \$ 1 th 3 c/2 3 d/7 p 75 p G . 1 cm m m m . Day of the control of the control

N	The Table 1				STATI	OF MARYLAND		-		NUMB 194
7		1 -	FOR STATE	DEF		EALTH AND MENTAL H		die	5 !	5 9
	NO.	1 00	REGISTRAR	pour/1		7.	REG. N	MONTH DAY	YEAR 7h F	110110
	oth oth		CEASED NAME OR PRINT)	MIODIE	to	binson	20. DATE OF DEATH	4/8.	3	HOUR 15
	poge ir deat	3. SE		RACE 1	5. DATE C		& AGE UN YEARS JAST BIS	RTHDAY) F.UN	DER I YEAR IF UP	FADER 3 & HRS.
	age 4 mc		Female	Dlack	MONTH 5	19 / 4g	84	YRS.	Jun do	in der
	P. P. G.	Ja. BI	RTHPLACE (STATE OR FOREIGN 7	S. CITIZEN OF WHAT COU	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	N. BALTIMORE CITY O	DR COUNTY OF D	EATH)	MD
		10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N	URSING HOME C	R OTHER INSTITUTION	17a USUAL OCCUPAT		N. KIND OF BUS	SINESS OR
201	10	1	IUNSUM	Hemaco	35/ /V	UR. HOM	ettouse	WHE	8107	ne/
MARYLAND 2120	24 ho	130.5	AL RESIDENCE IS NURSING HOME OR O	Y 13c. STY OF	TOWN	136 INSIDE CITY LIMITS?	13e.STRFFT. ADDRESS 3914 Fall:		ad 212	215
YEA	Thin thin	14. FA	THER'S NAME	0 (11)		15. MOTHER'S MAIDEN	NAME	complete guide	LACT	
MAR		1	(geolge"	KOB!	NSON	Mary	MIDDLE	-	Turner	-01.4
ORE,	executed composition of the control		VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS	212	15
BALTIMORE	s. Page		NO -	- 214-	40-0389	Roslie B.	Johnson 391	4 Fallst		The second secon
BAL			18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line for (a)	b), and (c).)	1: 11	1.0.	1	BETWEEN ONSET	AND DEATH
ST.,	DO D		IMMEDIATE		reopele	ro fee Hear	. P. Disease for	MI	10tyl	ari
O	+ 0000		4100	DUE TO, OR AS A CON	- 1	o anderina	eliensi'l		110+ 20	
PRESTON	he atter emave e mation, er traum		Conditions, if any, which gave rise to immediate		cralege	Carrie	cusous		10.	
≥	that the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF					
201	- 0 0 0 n		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE JE	RMINAL DISEASE OR CON	DITION GIVEN IN	LPART 1101	
RDS	The se	N O				Nabe	Lee mu	letur		
60	been rmit.	CERTIFICATION	DATE OF OPERATION	196 CONDITION FOR V	HICH OPERATIO	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI		
AL R	The lo	TE					YES NO	YES [N	0 🗍
DIVISION OF VITAL RECORDS.	7 % S O T O		OR COMPUBLITING TO SAUSE OF DEAT	HOUR AM. MONTH	H DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART TO	PART 2)	
Ö	SICI ng I cert riol ente	MEDICAL	(IF EITHER, NOTHE MEDICAL EXAMINER)	P.M.	- P	- AND THE REAL PROPERTY OF THE PERTY OF THE		_		
SIO	+ C L - 71	MED	21d. INJURY OCCURRED WHITE NOT WHITE	110. PLACE OF INJURY	OFFICE, FARM, ETC }	211 LOCATION	CITY OR TO	OWN C	ODME	STATE
DIV	Z = # 5 # 6		AT WORK AT WORK			115	3 - 10	=14	73	
	Z = & S = S		220.1 certify that (I) (this haspite saw the deceased alive an_	10-3	03	d that in (my) (eer) apini	on death accurred on the a	, 17.2		(I) (we) last es stated
	haspith haspith IRECTC Shed for sept. of Item 21	1	obave, (I) (we) (did) (did-not) 22b. SIGNATURE	view the bady after death.		REGREE			22c. DATE SIGN	
	0 8 0 80 7		The souist	a Walley	en/ Wik	ATTENDING	MEDICAL STA	AFF _		
	N O O O		278 PHYSICIAN'S NAME ITYPE OR	PRINT	11	22e. ADDRESS	DIRECTOR THIS	11	BA	Ho 500
	0 0 0 + 0		FREDRI	CK VOI	mer	6/00	YORK	Rd '	21	412"
	0 5 5 4 3 X	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATOR	23d. LOCATION		YINI	STATE
	BP		Burial	Oct.19,1983	Arbutus	Memorial P	k.	Baltin	more	Md
	DHMH - 16 50M 4/83 (VRA 15, 4)	24 FU	anter and Sons uneral Home, Inc	2501 Ralfo	Gwynns F Md. 21	alls Pkwy ²⁵⁰	CT 2 0 1983	25h REGISTRAR'S	SIGNATURE Q. CA.	:14
	(400 15, 7)	L	dietar nome, Til	100200	A 1200A PRO		0 1 - 0 1000	100 miles	7-4-400	

× like of mile range C | Dagner r oslic . Jonsen 71 list 4 . terrini coct.19,1983 or municipal st. A hall the following the substitution of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

- STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
1. DECEASED NAME TYPE OR PRINT)	MYRTLE	MIDDLE E.		ROBINSON	20. DATE OF D			1983	26 HOUR 10:45
1. SEX Female	4. RACE White		5. DATE C		6. AGE (IN YEAR	RS LAST BIRTHDA		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
7a. BIRTHPLACE (STATE OF COUNTRY) Maryland	76 CITIZEN OF	A.	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE Balti	CITY OR C			MD
10. CITY OR TOWN OF DE	e Sur	mit Nursi	DDRESS)	TO OTHER INSTITUTION	12a USUAL OC TYPE OF WORK FO House	OR MOST OF WO			F BUSINESS OR
130. STATE Maryland	ISING HOME OR OTHER INSTITUTION 13b COUNTY Baltimore	13c. CITY OR TOW	٧	13d. INSIDE CITY LIMITS? YES NO 2	130. STREET AD		tson	Avenue	21228
14. FATHER'S NAME FIRST William	MIDDLE	LAST Walter	meyer	15. MOTHER'S MAIDEN NA		MIDDLE		Chan	
160. WAS DECEASED EVE {YES, NO OR UNKNOWN}	R IN U.S. ARMED FORCES?	216-46-3		Mr. John M.	Robins			land Roa na Park,	
18. CAUSE OF DEA PART I. DEATH V	TH (Enter only one cause powers CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO,	Periphre	al Va	scular (olaps c (ardiovascu		00.40		APPROXIA BETWEEN O	MATE INTERVAL ONSET AND DEATH
gave rise to in cause (a), state underlying caus	nmediate DUE TO	DR AS A CONSEQUE		<u>e (waxayayea</u>	XWC 223	euse			
	distory of 1		EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE	DR CONDITE	ON GIV	VEN IN PART 110	
190 DATE OF OPER.	ATION 19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOP		CERTI	S, WERE FINDIN FYING CAUSES ES []	
210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATU	RE OF INJURY IN	ITEM 18 #	PART I OR PART 2}	

21f. LOCATION

CITY OR TOWN

22a.1 certify that (I) (this hospital) attended the deceosed from Mall saw the deceased alive on Uctober 4. abave, (I) (we) (did) (did nat) view the bady after death

22b. SIGNATURE

Burial

21d. INJURY OCCURRED

MEDIC

ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and haur and fram the couses stated

Uctober

22c. DATE SIGNED

COUNTY

224. PHYSICIAN'S NAME ITYPE OR PRINT)

J.E. Rowe

Uctober

21e. PLACE OF INJURY

413 Commonwealth Avenue, Baltimore, Md.

22e. ADDRESS

BP. DHMH - 16 50M 4/B2

and Mental Hygiene prior

IMPORTANT: If them 21 is marked or them 18 shows

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

236. DATE

M.D.

10/12/83

AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

DEGREE

23d. LOCATION

Baltimore

Md.

Leroyam & Russell C. Witzke Funeral Homes P.A. 250. DATE REC'D. 1630 Edmondson Avenue, Catonsville, Md. 21228

Detailed By 1987 77	A 103/1180	n	E.ITRY	
R R	7887 , 7887	đại.	2270	wiesst
Coltimonal County		Pallet Tri Aleri		Maryland
Fourtest 1 Dan Hope		ack grianuk j	ureue la	Literatur
1001 Edmondarin Jumpup. 21220		Enlikore	o.:	D. S. Lyrrak
	Lydin	z y m.jfn	e .	MALLLON
1/25 Janneys Lone 22302 L. Robinson, Alexandria Na.	Col. William	276-45-3403		No
			1000	
			Percent	
S. AL .5				
.bit eronilist, numera dite	413 COMPON		.U.GL nwa	
.bi naomiżin	mac P.A.	taudon eko Fuadenliko Errovilla, P.C.	da .T Lin	ove

11442 - 157451.

1	1	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	ALTH AND I	MENTAL HYG	REG. N	2	6 1	4 2
moy be		CEASED NAME FIRST	Marie	MIDDLE	Rodrig S. DATE OF	nez		28. DATE OF DEATH	MONTH B	AY YEAR A 3 IF UNDER 1 YEAR	2b. HOUR
00e 4 n		F	White		6 ·	- 9 -	1895	88	YRS.	MONTHS DAYS	HOURS MIN
leoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	□ NEVER A	VORCED	9. BALTIMORE CITY	10,110	OF DEATH	٨
s ofter o	10. C	TOWS ON	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	OTHER INST	NOITUTION	(TYPE OF WORK FOR MOST Housewife	OF WORKING LIFE	E) INDUSTRY	F BUSINESS C
hin 24 hours	13e.	STATE 136. C	AE OR OTHER INSTITUTION OUNTY	13c. CITY OR TOW	/N 1	3d. INSIDE C	ITY LIMITS?	130. STREET ADDRESS 900 Sible			
etely 12 sho	14. F	ATHER'S NAME FIRST	WIDDLE	Towson LAST Diaz		5. MOTHER'S	MAIDEN NA		y Ru.	LA:	
n and comple	160		. ARMED FORCES? S. GIVE WAR OR DATES)	212-70-2		7. INFORMA	NT	do Queral -			TES,E
to the death certificate by the ottending physicion ise remove carbon popers, cremotion, or removal.		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause lost	DIATE CAUSE (o) DUE TO, O (b) DUE TO, O	SCPSI SON AS A CONSEQUE	ac	dece	mpea	natin			
aw requires that been signed by mit. Then please prior to buriol, cr	CERTIFICATION	PART 2 OTHER SIGNIFICAL		ONTRIBUTING TO D				200 AUTOPSY?	20b. IF YES	EN IN PART 11 , WERE FINDIN	NGS USED
The I		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O			AY YEAR	21c. HOW IN	JURY OCCUR	YES NO	YES	S 🗆	NO []
HYS din bu bu bu	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE	,M. OF INJURY REET, FACTORY, OFFICE, F		21f. LOCATION STREET	DN	CITY OR T	OWN	COUNTY	STATE
ATTENDING P ispital or other CTOR: After th I for use as the . of Health and		22a.1 certify that (I) (this h sow the deceased alive above, (I) (we) (alid) (di	e on	19	, ond		(our) opinion	, to death occurred on the o		r ond from the	
by the hosp by the hosp ERAL DIRECT oe detached to State Dept. o		22b. SIGNATURE	Peval	m.n	A	1.11	TTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 3
TO HOSPITAL Cretoined by the TO FUNERAL D should be detact with the State D IMPORTANT; if		22d. PHYSICIAN'S NAME (T	PEREA			220. ADDRES	J	useph /	rspet	al.	
BP		BURIAL FREMATION REMO	23b. DATE 11-2-	-83 D	ruid R	idge		Pikesvil TE REC'D. BY REGISTRAL		Balto.	Md.
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR NAME UCK TOWSON FULL	neral Home		050 Yo		100	T 3 1 1983	John	MAR S SIGNA	Coming

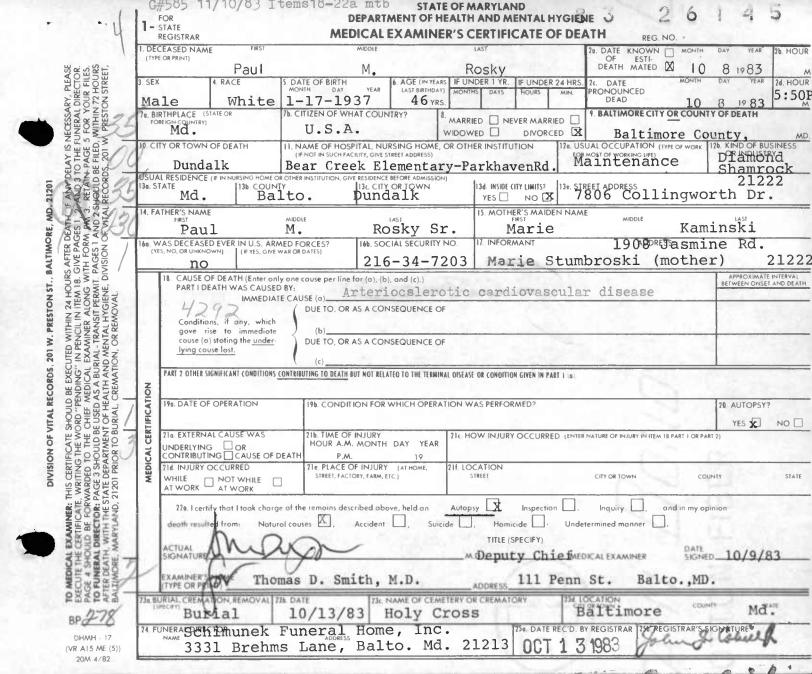
				3.1.	× -1
		iguesi.	T. D.		
	39	5081 - 6 -	3	ozimi	
	101116	×		5(11)	Culta
Own Remail	בטומרייונים	- Fee	neof Hosa	3618	полиот
vi 212041	SOO Sibler D	X	премов	eno it ta	10.1-25
Hidalgo		nizst	#5.ET		opriors: I
as 61 as eac	5855.100 D	Anovel .wi	CALL-OF-OF		0
					a nurs
10.00			(-11	1. 16.4.1	
			- 34	1,1,1,1	1-1-1-1-1-1-1
laito.	Pikerville,		inuid Into r		· , ; ; ; ; ; ; , ; ,
Supplied to the supplied to th	10311216			amol Ladamet	instanct dest

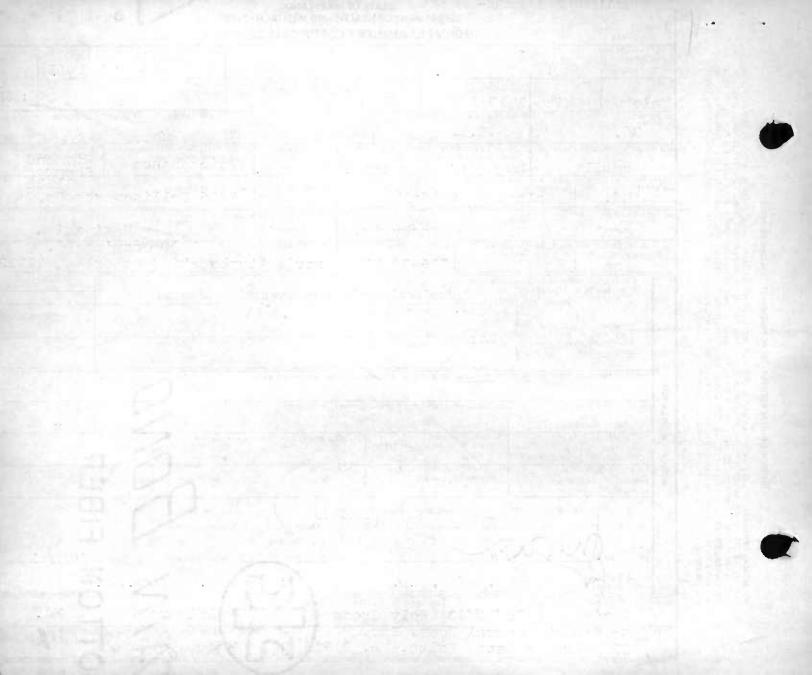
CANADA NA PROPERTO ANA

P Control of the second B. C. L. B. S. W. again 10 /2/1 N 6-31 Balain Of Behilder

1 6	FOR - STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL HYC IFICATE OF DEATH	GIENE 8 3 2	6 1 4 4
و 2 ا 1) ا	PECEASED NAME FIRST Thoma:	s A. ROSE	JR.	October 21, 19	983 YEAR 9:25 A _M
900 4 moy	SEX 4.		E OF BIRTH NTH / 13/15 YEAR	6 AGE (IN YEARS LAST BIRTHDAY) 4 PYRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
decity. Po	BIRTHPLACE (STATE OR FOREIGN 76.	1110	RIED NEVER MARRIED	Baltimore Count	
offer of the state	ROSSVILLE	NAME OF HOSPITAL, NURSING HOM (IE NOT IN SUCH EACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
ND 24 h	STATE MD. 136 COUNTY	MERINSTITUTION GIVE RESIDENCE BEFORE ADMISSION I ST. CITY OR TOWN ALTO MIOOLE RIVE	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 3942 NE	21220 WSECTION RE
completely and 2 sh	FATHER'S NAME FIRST THOMAS	ROSE SR.	15. MOTHER'S MAIDEN NA	MIDDLE	STER
MOR exec	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W			ERS JR 2	PALL GANY ANY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death certificate by the attending phelosas remove carbon prior), cremotion, or remotion, or carbon, or carbon prior), or other traumatic even		DUE TO, OR AS A CONSEQUENCE OF (b) Chronic aspir DUE TO, OR AS A CONSEQUENCE OF	ration sophogeal cand		IVEN IN PART Ito
VITAL RECORDS VITAL RECORDS VITAL law requirysition. Visition. Visition prior to be shows ony injuring the shows ony injuring the structure of the structur	19a date of operation	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES XX NO
SICIAN BENEFIT OF VIOLEN INCOME.	OR CONTRIBUTING TO CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 11	9	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
DIVISION DING PHYS or ottendir After this e as the bu marked or marked or	21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI ne hospirol or DIRECTOR. A oched for use Dept. of Heal	220.1 certify that () (this haspital saw the deceased alive an above, (New Hald Add and 22b. SIGNATURE		ond that in (mk (our) opinion DEGREE ATTENDING	death occurred on the date and ha	pur and from the causes stated
O HOSPITAL etoined by it TO FUNERAL should be det with the Store MPORTANT:	22d. PHYSICIAN'S NAME (TYPE OR PI	lavner, MD	PHYSICIAN [22e ADDRESS 9000 Frank]	in Square Dr.,	21237
BP	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALTO	COUNTY STATE
DHMH - 16 50M 4/B2	FUNERAL DIRECTOR J. G. CONNELL	y 300 MA	250. DA	T 2 6 1083 S	STRAR'S SIGNATURE

BUSHIEF ESHIVING 20 Jana MED TO SELT IN DESCRIPTION OF STANDARD SECTION





100		C 1. Netto (2300 1 303	and and		
		7,	eri i		13236	0.5	
	A CONTRACT	Die 1914				bn-7s n	
		of Procured		att de .	STEELS .	Mate State	a ve.
TSIA	. v	200 House		64/6/42	enon in	len f	A A D D D D D D D D D D
		the public	sen fept		100an75	. nacel	
		enedenia (es	ol . secub	\$175,90.	-		0
		а., он епросе з-п			with the same		
				Tinggovanik			
					reces	MD	
		Lem up o liñ.			. It should		
	.54		a an anic	J= 100	COLUMN TO F	no Name	

p	1.	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 3	2 6	6 7
1		CEASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b HOUR
AD		Louis	L. ROTH		October	19. 1983	7:50 Pm
200	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	- 2	Male	White	2-19-07	76	YRS.	
33		RTHPLACE (STATE OR FOREIGN SOUNTRY) Balto. (ity	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City of	e County	TH MD.
No.	10. C	Rossville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Franklin	Sovare Hospital	120. USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 12b. KI IF WORKING LIFE) INDU:	
35	130. 3	ATHER'S NAME	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c, CITY OR TOW Balto.	E AOMISSION)	130. STREET ADDRESS 5534 Pla	W. T.	venue=21206.
201	0	Louis L	Roth	FIRST	arlotte Dav	in	LAST
2 dicol		VAS DECEASED EVER IN U.S. AF			ADDRE	SS	
0		YES, NO OR UNKNOWN) (IF YES, GI	212-03-6	048 Winifred A.	Roth - 5534	Plainlie	ld Ave = 2121
ar other traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	tic encephalopathy			
ta bur injury,	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	ART Ica
shors any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	INDINGS USED USES OF DEATH?
Mental Hygier them 18 sh		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D.	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	NRT 2)
h and M	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
bept, of Healt them 21 is mo			october 19 19	October 2 . 19 83 83 . and that in (n/k) (our) opinion		ate and hour and from	m the couses stated DAJE SIGNED
State D		224 PHYSICIAN'S NAME (TYPE	tenley, M.	ATTENDING PHYSICIAN [MEDICAL STAI	IAND IN	0 19 83
with the State		Jim Gen	try, MD	9000 Frankl		., 21237	
, 5		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		andens of Faith	23d. LOCATION CITY OF TOWN Balta	COUNTY	STATE
OM 4/82		JNERAL DIRECTOR	Inc-6415 Belowers	250. DA	TE REC'D. BY REGISTRAR	25 NO GISTRAR'S SI	Colverd

			1605.			
						n kila
	ex contains				whi i	.01
	Restriction of	latina an	unit eddines		فالك	1000
S-SERVE N	Sthatell Fit		alte.			4
	Kinn orkowen			140	100001	
	in the second					0.0
			ai, agan			
			ai, agan			
			ai, agan			

(VRA 15, 4)

				.2	
				110	nie
					a Tyrio
THE STATE	75		The Case Ye	Int 18 Lys	SES MEETVAGE
	.50 50 06	701 L	DSS xapil	no its	la fen
		together?" v		n i us.	stvo I
	arai.	eith , ditte	10 M TO 110		101
			1		
			10000		
FOILTON SYDE					

5	FOR STATE REGISTRAR	DEPARTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3 2 6 1 4 9
(M)	1. DECEASED NAME FIRST (TYPE OR PRINT) P	RT SAMPSON M	ry Sampson	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 5-214
	3. SEX Female	White / MONT	of Birth DAY 30,1911	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
deoth. P. unerol di un 72 ho un 72 ho	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	U.S.A. WIDOW		Baltimore County OF DEATH Baltimore County
by the filed	10. CITY OR TOWN OF DEATH Randallstown	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore County Ge		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired C & P Telephone Co
hin 24 hour ly filled in Ishould be fer must be	Maryland 13b. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 13. CITY OR TOWN Catonsville	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 333 Harlem Lane 21228
ond 2		MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE LAST
on and con. Pages l	160 WAS DECEASED EVER IN U.S. A (YE OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECURITY NO. 276 10 9946	17. INFORMANT M's SAndy Mi	ADDRESS 21228 Inerick Inglenook Harlem La
ow requires that the death certificate been signed by the attending physicion rimt. Then please remove carbangagers prior to burial, cremation, or removal. any injury, or other troumotic event, the	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT Date of OPERATION	DUE TO OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERM WIR QUEST	parcison & ASCVD. Metabolic Embalane MINAL DISEASE OR CONDITION GIVEN IN PART 110- Inche Sepacinia. 1200 AUTOPSY? 1200. IF YES, WERE FINDINGS USED
PHYSICIAN: The lovending physician. this certificate has the burial-transit permit Amental Hygiene pd or frem 18 shows a	210. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR		YES NO
ospital or attending efforms. After the burd of for use as the bur t. af Health and Me m 21 is marked or th	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21 e. PLACE OF INJURY JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN COUNTY STATE
e hospital ar DIRECTOR: A ched for use. Dept. af Heal Item 21 is me	saw the deceased alive a above, (1) (we) (did) (did)	for view the body offer death.	nd that in (my) (our) opinion DEGREE ATTENDING	death accurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN 1 - 5 - 83
retoined by the TO FUNERAL I should be deto with the State I IMPORTANT: If	22d. PHYSICIAN'S NAME (TYPE	N-SHAH.	Panlales	countre Coencral frospital
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL 24. FUNERAL DIRECTOR NAME HATTY H WITZE		on Park cott City 250. DA	23d. LOCATION Baltimore Maryland STATE TE REC'D. BY REGISTRAR 256 SECURARS SENAMENT

	Mary Sochson		717
	August 30,1911	5314	alu Di
Baletmore Councy	*	U.S.A.	01.0
Actived C & P Telephone Co	General Bosn.	daltimora Countr	Pancallstown
333 Marlem Lanc 21228	9	althore Cetonsvil.	boolyant
1000	eleU	nwansi	U
21228 erick lathenock Martes Lat	e l's Santy lin	276 10 99	ov!
The state of the same of	THE R WILL	0.00	
Telegas kili			
	4 100		
			- YOU
			2 2 30 3
	i de la comi		
baltions Naryland	Ourion Park	I 7801.0.300	fr tura

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

The the time of the transfer and the tra PERSONAL STATE OF THE WASHINGT TO SELECT STATES STATE OF THE CARE OF THE STATE OF THE STATE

21133

8728 Liberty Rd. Randallstown, Md.

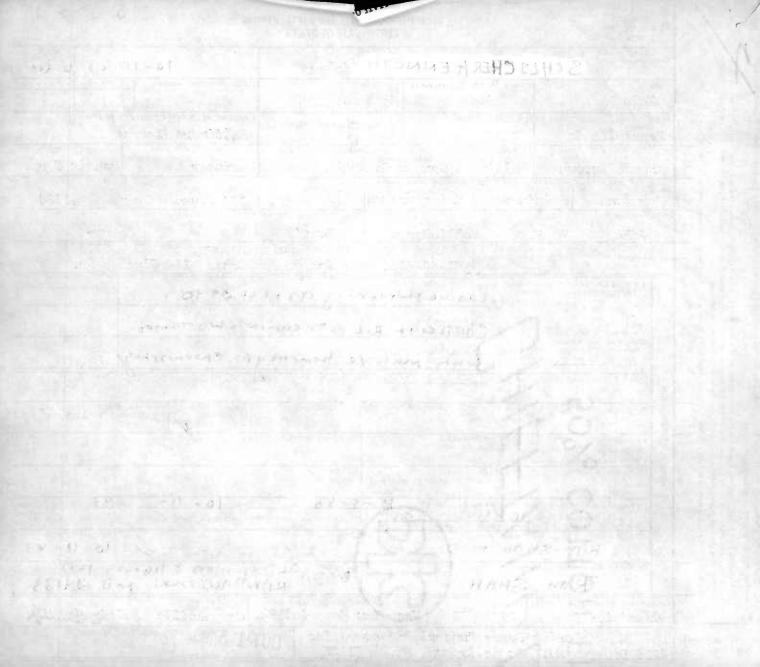
FOR - STATE

(VRA 15, 4)

REGISTRAR

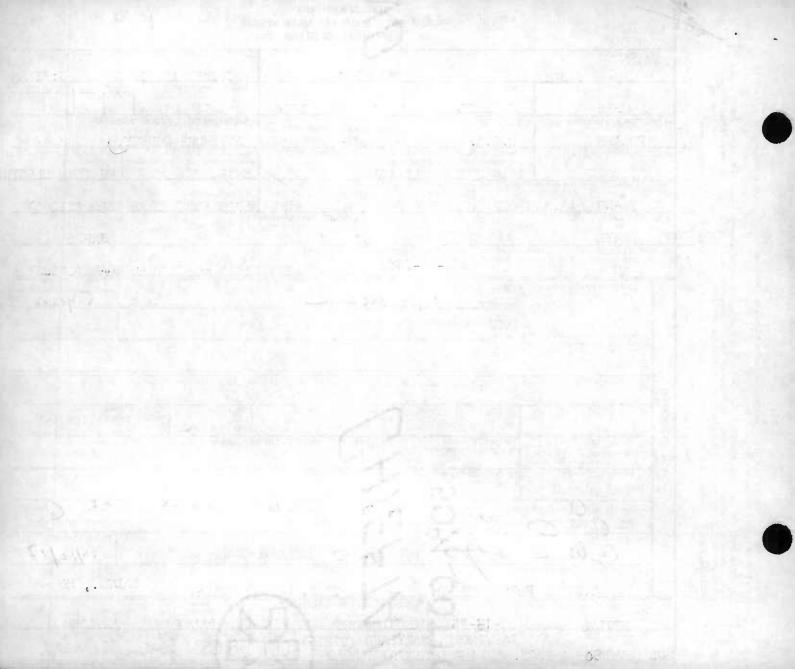
MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



SOL LEVINGEN & BROS. 6010 REISTERSTOWN ROAD

(VRA 15, 4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detoched far use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

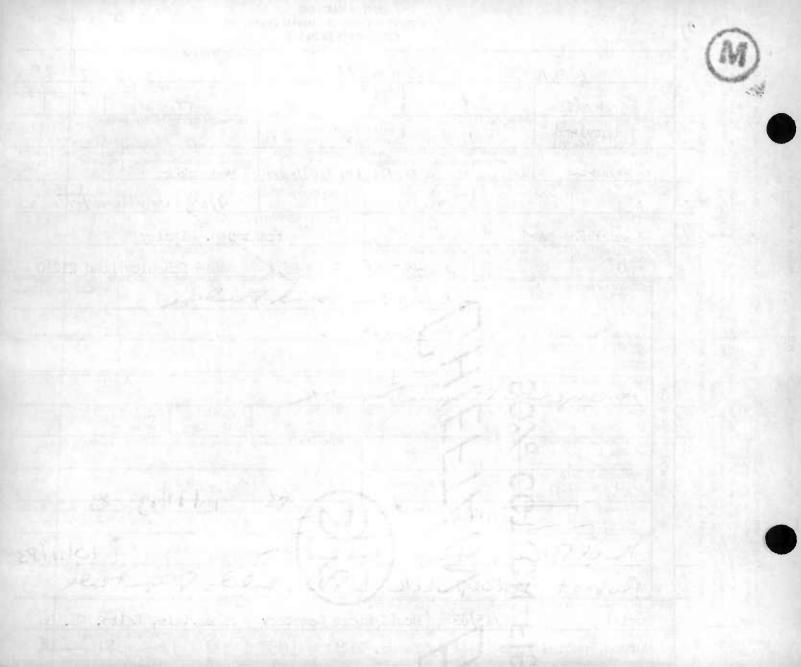
injury, or other troumatic event,

ony

MPORTANT: If Item 21 is marked or Item 18 shows

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3. SEX S. DALE OF BRITH DAY 11-25 S. DALE OF BRITH D	1	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH		REG. I	٧٥.				
S. DATE OF BRITCH S. D			OR PRINT)		IDDLE		AST	20.	DATE OF DEATH	MONTH	DAY	YEAR		
18. BIRTHPLACE STATE ADDRESS TRUSS TRU	4	2 CEV				Delm	COST	4.0	GE /INVEADS LAST B	/0	I IE UINT	X3	0 .()	_
78. BERTHPLACE STATE AD HOME OF COUNTY OF BEATH MARRIED SHOPE MARRIED SH		3. SE/	Finale	On.	te		DAY YEAR	- 10.7	(IN TEARS LAST	7	MONTH			
IS CITY OF TOWN OF DEATH IS CITY OF TOWN OF	1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTR	Y? 8.		9 B	BALTIMORE CITY			EATH		-
The process of the	2		Whitelen)	1	115.				B	alten	usie	Cour	Ay M	ı C
13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS 21.215 13. STREET ADDRESS 21.215 13. STREET ADDRESS 21. STREET	Y	10. CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION						F BUS NESS OF	R
18. STATE 18. COUNTY 18. CITY ON TOWN 18. INSIDECTIVE LIMITS 18. STATE 18. STA		20011	Baltimore	Mexidan			LAndalistour	1	Homemak	er				
Samuel Sheppard Samuel	3	13a. S	M P 136 COUN	OTHER INSTITUTION G	13c. CITY OR TO	OWN	YES NO		111.	Neu	bu	21 1N H	215 Venue	,
18 CAUSE OF DEATH I.Enter analy one couse per line for (a), (b), and (c.). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1.0 PART 2. OTHER SIGNIFICANT CON	1	14. FA	FIRST		EAST		FIRST					LAS	т	
SECULATE OF DEATH Enter andy one cause per line for (a), (b), and (cc)	U	17						ranc						_
PART I. DEATH WAS CAUSED BY: Conditions, if only, which gover rise to immediate couse (o). Stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF countries to immediate couse (o). Stating the underlying cause last. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 280. AUTOPSY? 280. If YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES	2	100 V	YES, NO ORUNKNOWN) (IF YES, GIV		212-	63-7082		1			ey R	load	21210	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate course (0), stohing the underlying cause lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? (FETHER ANDIEW DEATH OF CAUSES OF DEATH?) (FETHER ANDIEW DEATH OF CAUSE OF DEATH) (F			18 CAUSE OF DEATH (Enter on	ly ane cause per l	ine for (a), (b),	and (ch)		~	0			BETWEEN	MATE INTERVAL ONSET AND DEATH	
Conditions, if ony, which gove rise to immediate course lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS UNCLOSED. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS UNCLOSED. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITIONS UNCLOSED. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS UNCLOSED. PART 2. OTHER SIGNI														
DUE TO, OR AS A CONSEQUENCE OF 196 DATE OF OPERATION			4272	DUE TO, OR	AS A CONSEC	UENCE OF								
DUE TO, OR AS A CONSEQUENCE OF INDERLYING COUSE (IS). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1286 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO														_
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONTRIBUTING 200. AUTOPSY? 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO Y			couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES				(c)	NITRIBUITING T	O DEATH BUT	NOT BELATED TO THE TE	DAAINIAI	L DISEASE OR COL	NOITION C	IVENI IN	DART 1		=
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from 19 ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (I) (We) Individual (did not view the bady after death. 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 236. BURIAL, CREMATION, REMOVAL 236. DATE 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Md 24. FUNERAL DIRECTOR 276. DATE REC'D. BY REGISTRAR'S SIGNATURE 277. DATE REC'D. BY REGISTRAR'S SIGNATURE 278. DATE REC'D. BY REGISTRAR'S SIGNATURE 279. DATE REC'D. BY REGISTRAR'S SIGNATURE		NO	- One (n	20 B	e ee	DEATH	AND KELATED TO THE TE	KMIINAI	L DISEASE OR CO	NDITION C	NINEIN NA	EARL III		
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) are dead the deceased from 19 ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (I) (We) Indi (did not view the bady after death. 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 227. DATE SIGNED 228. BURIAL, CREMATION, REMOVAL 23b. DATE 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Ma 24. FUNERAL DIRECTOR 255. DATE REC'D. BY REGISTRAR'S SIGNATURE		CATI	190 DATE OF OPERATION	196 CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFORMED	1	20a AUTOPSY?					-
OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) are dead the deceased from 19 ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated obove, (I) (We) Indi (did not view the bady after death. 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. PHYSICIAN'S NAME (TYPE OR PRINT) 226. ADDRESS 227. DATE SIGNED 228. BURIAL, CREMATION, REMOVAL 23b. DATE 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Ma 24. FUNERAL DIRECTOR 255. DATE REC'D. BY REGISTRAR'S SIGNATURE	1	TIFIC	W 3.11 715	0.00		477			YES NO			CAUSES		
P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. FARM. ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE CITY OR TOWN	("		No.	110110 4 44		DAY YEAR	216 HOW INJURY OCC	URRED	(ENTER NATURE OF IN	URY IN ITEM 1	8 PART 1 O	R PART 2)		Ī
22e.1 certify that (II (this hospital) alreaded the deceased from 19 to 19 to 19 that (II) (we) lassow the deceased alive on 19 that (II) (we) lassow the deceased alive on 19 to 19		ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P. <i>N</i>	١.	19		- 12						
220. I certify that (If (this hospital) alreaded the deceased from 19 to 19 to 19 that (I) (we) lassow the deceased alive on 19 that (I) (we) lassow the deceased alive on 19 that (I) (we) lassow the deceased alive on 19 that (I) (we) lassow the deceased alive on 19 that (I) (we) lassow the deceased alive on 19 that (I) (we) lassow the deceased from 19 that (I) (we		MED				E. FARM, ETC.)		7	CITY OR I	own L	C	YINUO	STATE	
226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNED 221. DATE SIGNED 222. DATE SIGNED 222. DATE SIGNED 223. BURIAL, CREMATION, REMOVAL BURIAL 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE			220.1 certify that (I) (this hospi		deceosed from		. 19	7	toO	119	. 19			st
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTO			obove, (I) (we) (and) (did not yiew the bady after death.											_
Robert Kroup Lek 8726 Substitution, Removal 236. Date 10/15/83 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN Pikesville, Balto. Co. Md 24 FUNERAL DIRECTOR 256. DATE REC'D. BY REGISTRAR'S SIGNATURE.			MILE BY	un	1		ATTENDING	MM			2	LO	SIGNED SIGNED	3
Burial 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Md 24 FUNERAL DIRECTOR 256. DATE REC.D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.	1		10 11 -	V ROC	Puca	ik	8726	25	9,24	en	1	ور	R	
Burial 10/15/83 Druid Ridge Cemetery Pikesville, Balto. Co. Md									CITY OR TOWN		con	NTY	STATE	
				10/15/	'83 I	Druid R			Pikesvi					
				Home 36	31 1799 15	le Rd	21211	DATE RE	C'D. BY REGISTRA	R 256 REG				



1	1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	YGIENE C	REG. NO.	Gas V	
1		CEASED NAME FIRST OR PRINT)	Hild	a Rose		HMI DT	20. DATE OF D	ber 1		26. HOUR 8:38am
	3. SE)		4. RACE	W	5. DATE O		6. AGE (IN YEAR		MONTHS DA	
-		EMALE		ASIAN	01	31 18	65		YRS.	
25		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1	D NEVER MARRIED			OUNTY OF DEATH	
	CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WOR	12b. KINI RKING LIFE) INDUST	O OF BUSINESS OR
201	2	AL RESIDENCE (IF NURSING HOME O TATE 130 COU		KLIN SQU GIVE RESIDENCE BEFORE 136, CITY OR TOW	ADMISSION)	HOSPITAL 138 INSIDE CITY LIMITS?		EWIFE		
0	M	ARYLAND -		BALTIMO		YES 📉 NO 🗌	5035		RESTON	ST. 2120
00		JOHN P	ETER	SCHMI		SUSTE		MAY	JO	HNSON
2	160 V	VAS DECEASED EVER IN U.S. AI (IF YES, GI	RMED FORCES? VE WAR OR DATES)	2152487		NANCY DU	KE 5227		RIDGE A	VE
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause pe			MANOL DO	اعرو عاد	DILL		OXIMATE INTERVAL EN ONSET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIFICANT Marfan S 19a DATE OF OPERATION	CONDITIONS C Syndrom	e	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE C	SY? 20b	ON GIVEN IN PART	DINGS USED
Small	RTIFIC	16 6			110			10[X	YES .	NO 🗆
Hem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	.m. MONTH DA	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATUI	RE OF INJURY IN I	TEM 18 PART LOR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
NT: If Item 21 is man		22a-I certify that 1 (this hasp saw the deceased alive a above, 1 (we) (did) (did) 22b. SIGNATURE	Octobe View the body	he deceased fram_r 12_ 19_ 19_ v ofter death.	<u>83_</u> , 。	nd that in (aur) apinic DEGREE ATTENDING PHYSICIAN	m death accurred	STAFF		that (we) last the causes stated aTE SIGNED
MPORTANT		Ramona Robi		.D.	1/	9000 Fra	nklin Squ	uare Di	rive 212	:37
_	23a E	URIAL, CREMATION, REMOVA	23b. DATE			NS OF FAIT	CITY OR	LTO.	BALT	STATE MD
/B2	24 FU	INERAL DIRECTOR	1		can	25a D			REGISTRAR'S SIND	

		n' nest di		
20	1 15	tu II	UAU	Sia av
				File Comment
	ari dari son		Ca II W	u I EC.
OSE S. PARSTON ST. 2120	DE L	SEVALTANE	part your death gape.	- (m. u - m.)
TIONTHOU YAM	2 IAUZ	DCI.IUs	PETER	
	T EXECUTORAL	5 2 10, 10		
				NO. CO.
PALTO, SALTO, IND.		BURAS ERVS	1,01	dalaus.
	ALTON STATE	(عاله الملحيات	\$ ·	

Jerone. OUTS THE TOTAL STATE OF MANAGE THE TO YOU ...

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND

- STATE

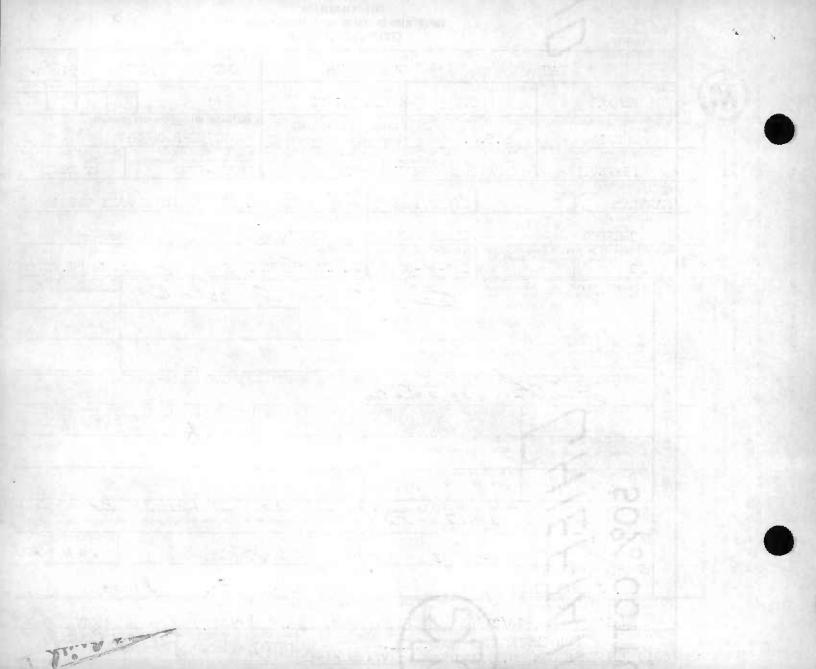
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG: NO



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 2a. DATE OF DEATH MONTH LIVEE OF PRINTS ELMER. B SCHULER. 10 - 20 - 8310:10pm 6 AGE IN YEARS LAST BIRTHDAY IF UNDER TYEAR IF UNDER 24 HRS 5. DATE OF BIRTH oct. 4, 1906 Male White To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE COUNTY Cleveland. Ohio U.S.A. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR "ST JOSEPH HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON Chemist Paint: USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13e.STREET ADDRESS / ZIP CODE 136. COUNTY 113d INSIDE CITY LIMITS? Maryland Baltimore 16116 Yeoho Rd. 21152 Sparks 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE FIRST MIDDLE Kinkelaar Schuler Tda Percy ADDRESS 16h SOCIAL SECURITY NO 17. INFORMANT Ing. WAS DECEASED EVER IN U.S. ARMED FORCES? 215-01-9625 Bernice A. Schuler Sparks, MD APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o AS A COMSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause

CONDITION FOR WHICH OPPRATION WAS PERFORMED 19a DATE OF OPERATION

228.1 certify that (A)(this hospital) attended the deceased from

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

HOUR A.M.

211. LOCATION

STREET

20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

226. SIGNATURE

NOT WHILE

71a ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Mark Kaplan, M.D.

AT HOME STREET FACTORY OFFICE FARM FTC 1

MONTH DAY

19 83

22e ADDRESS

RHYSICIAN TO DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED 10-21-83

STATE

774 PHYSICIAN'S NAME (TYPE OR PRINT)

23a, BURIAL, CREMATION, REMOVAL

PART 7. OTHER SIGNAL ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART

YEAR

19

10-10

DEGREE

23r NAME OF CEMETERY OR CREMATORY

7620 YORK ROAD TOWSON MD 21204 23d LOCATION

and that in (X_y) (our) opinion death occurred on the date and hour and from the causes stated

70s. AUTOPSYT

NOW

Burial 24 FUNERAL DIRECTOR

CERTIFICATION

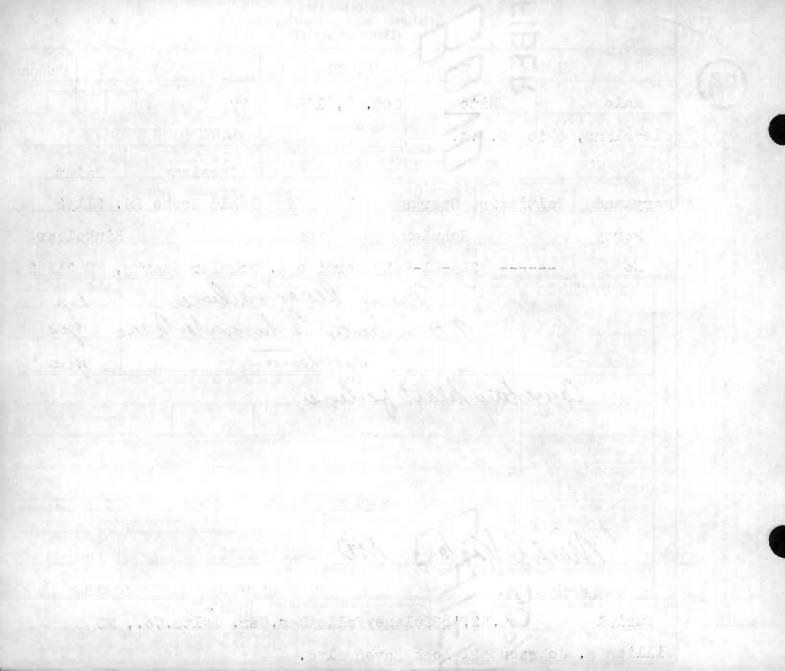
William E. Johnson8521 Loch Raven Blvd.

236. DATE

Oct. 22, '83DulanevValleyMem.Gar. Balto.Co., MD 250. DATE REC'D. BY REGISTRARI256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: IF



REGISTRAR	103	1-	FOR STATE REGISTRAR
-----------	-----	----	---------------------------

ARVIN

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, MO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

to notified

ond 2

ond Mentol Hygiene

or Hem 18

marked

MPORTANT: If Item

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(TYPE OR PRINT)	RVIN LEE	SCHUYLEMAN	10 07 6	26. HOUR 9:30
3. SEX MALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 0.5 1.0 8.1	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS 2	TYEAR IF UNDER 24 HR DAYS HOURS MIT
70. BIRTHPLACE ISTATE ORFOR COUNTRY) **	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEA	
TOWSON	(IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) H HOSPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDU	IND OF BUSINESS C
	B HOME OR OTHER INSTITUTION, GIVE RESIDENCE BLCOUNTY BALTO		130 STREET ADDRESS 2015 TAYLOR AVE	21234
14. FATHER'S NAME FIRST	MIDDLE LAS	15. MOTHER'S MAIDEN NA		LAST

	ly one couse per line for (o), (b), and (c).) B BY: E CAUSE (a) CANALO OULSMAN	an arrest	BETWEEN ONS
4275	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gove rise to immediate	(b)		
couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
	((c)	4	

196/ CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

190 DATE OF OPERATION

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY

19

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

21f. LOCATION

CITY OR TOWN

MEDICAL

COUNTY

STATE

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.

DEGREE ATTENDING PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

DIRECTOR PHYSICIAN S 22e ADDRESS

230 NAME OF CEMETERY OR CREMATORY CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

SIGNATURE

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

10 03 83 9:30	_au MARELI	(1)(4)S	381	MINGA	
2	18	01 50	ETIN		BJAM
BALTE. COUNTY					
		JV11350F	няазоь.	7.2	TOWSON
TAYLOR AVE 2123'E				OT JAS	01
		93 (944)	TAMES	3 - 1	FVCA
			dan	ilide	and the
					13036-1
AM West of			Sale :		

AT MARKET STATE OF THE PARTY OF Second whom a distribute of the state

Ret. Tailor 610C Carrollwood Rd. 21220 Lucas Balt., Md. 21220 215-07-5116 a Rock Scola 113 Hughes Shore APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9000 Franklin Square Drive, 21237 Baltimore Maryland Burial Oct 4 1983 Most Holy Redeemer 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, ROGISTRAR'S SIGNAPURE Baltimore, Maryland Leonard J. Ruck, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

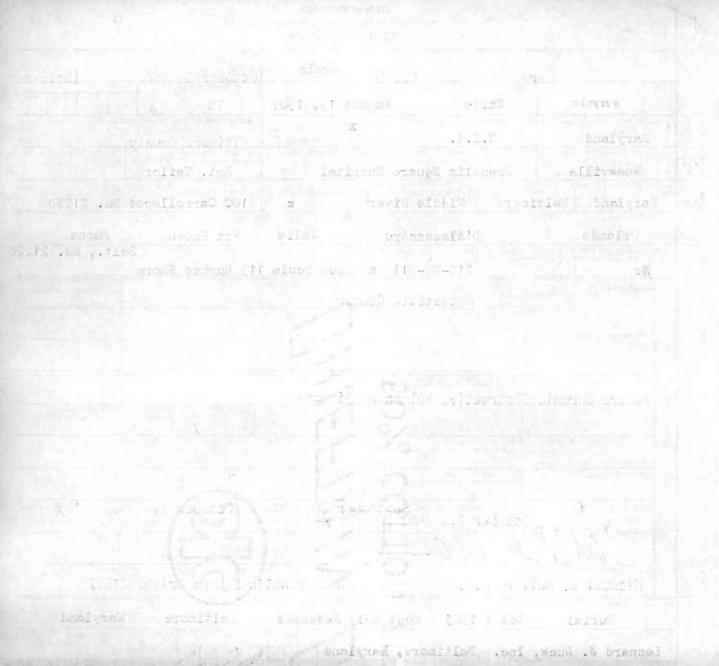
REG. NO

12h KIND OF BUSINESS OR

DHMH - 16 50M 4/82 (VRA 15, 4)

- STATE

REGISTRAR



11	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND ME CERTIFICATE OF DEA		REG. NO.		
	CEASED NAME FIRST	MIDDLE	LAST	2e DATE O	1	DAY YEAR	26. HOUR
	Rebecca	E.	Scott	No.	10	21 83	1100
3. SE	X	4. RACE	5. DATE OF BIRTH		YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 F
	Female	Black	MONTH DAY	93 G	O YRS.		HOURS M
70. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	RY? 8. MARRIED NEVER MA	9 BALTIMO	RE CITY OR COUN		
Ba	ltimore, MD	U.S.A.			altimore C	ounter	
7 10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITU	UTION 12ª USUAL	OCCUPATION	LIFE) INDUSTRY	OF BUSINESS
えし	Malto., MD	Stella Maris	Hospice, Inc.		me	III DOSTIKI	
	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			LIMITS? 13e STREET	ADDRESS / ZIP CO	DE	
1	Maryland	Baltin			St. Georg		2121
DATE	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S A	MAIDEN NAME	MIDDLE		
200	William	H. Spr	iggs Mary		E.	Cromw	ell
odico	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16h SOCIAL SE			ADDRESS	D 3	
E	YES NO OR UNKNOWN) (IF YES, GIVE	039-14.	-1705 Sterra	Maris Hospi	ce, inc.	Dulaney	Vall
- #	18 CAUSE OF DEATH (Enter onl	ly one cause per line for to	ond (C)	-lil who	-/	BETWEEN	MATE INTERVA
E E 2	IMMEDIAT	F CAUSE IO					
		C C/1000 0/	/				
or re	4100	1	SUENCE OF	in inteller			
oumotic e	4100	DUE TO, OR AS A CONSE	SUENCE OF 1 20/3	rivselrosis			
r troumotic	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSE		srivseler oris			
other troumotic	Conditions, if any, which gave rise to immediate	1		rivseler oris			
y, or other	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO			SE OR CONDITION G	GIVEN IN PART 11	0.
y, or other	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION CONTRIBUTING TO	QUENCE OF	O THE TERMINAL DISEAS	OPSY? 20b. 1F Y	ES, WERE FINDI	NGS USED
ony injury, or other	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION CONTRIBUTING TO	QUENCE OF	O THE TERMINAL DISEAS	OPSY? ZOb. IF Y	YES, WERE FINDI	NGS USED OF DEATH?
ony injury, or other	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION CONTRIBUTING TO THE CONTRIBUTION FOR WHILE OF THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONTRIBUTION FOR THE CONT	OPEATH OUT NOT RELATED TO	O THE TERMINAL DISEAS	OPSY? ZOD. IF Y	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED
18 shows ony injury, or other CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANTALE STATE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTION CONTRIBUTING TO THE CONTRIBUTION FOR WHITE THE CONTRIB	CH OPERATION WAS PERFORM	O THE TERMINAL DISEAS WED 200 AUTO YES	OPSY? ZOD. IF Y	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
18 shows ony injury, or other CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANTAL STATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECTION ON DITION OF AS A CONSECTION ON THE CONTRIBUTION OF WHITE CONTRIBUTION OF C	DUENCE OF OPERATION WAS PERFORA DAY YEAR 216. HOW INJU 217. LOCATION	O THE TERMINAL DISEAS MED 200 AUTO YES JRY OCCURRED (ENTER N.	OPSY? ZOB. IF Y IN CER.	YES, WERE FINDII TIFYING CAUSES YES B PART I OR PART 2)	NGS USED 6 OF DEATH? NO
or Item 18 shows ony injury, or other EDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER-SIGNIFICANTA 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (If EITHER, NOTBY MEDICAL EXAMINER) 21d. INJURY OCCURRED	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHITE HOUR (A.M.) MONTH 11:05A. 10-2	DUENCE OF OPERATION WAS PERFORA DAY YEAR 216. HOW INJU 217. LOCATION	O THE TERMINAL DISEAS MED 200 AUTO YES JRY OCCURRED (ENTER N.	OPSY? ZOD. IF Y	YES, WERE FINDII TIFYING CAUSES YES []	NGS USED OF DEATH?
Hygiene prior to buriol, crem 18 shows ony injury, or other CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT 19e. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	DUE TO, OR AS A CONSECTION OF AS A CONSECTION ON AS A CONSECTION OF AS	CH OPERATION WAS PERFORM DAY YEAR 21 1903 216. HOW INJUING THE PERFORM STREET	O THE TERMINAL DISEAS WED 200 AUTO YES JRY OCCURRED (ENTER N.	OPSY? ZOB. IF Y IN CER.	VES, WERE FIND INTERPRETATION OF PART 2) COUNTY	NGS USED S OF DEATH? NO
or Item 18 shows ony injury, or other	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEA (If EITHER, NOT BY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE NOT WHIE AT WORK AI WORK 22e. I certify that (I) (this hospit saw the deceased alive an.	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION	CH OPERATION WAS PERFORM DAY YEAR 21 1903 216. LOCATION STREET	O THE TERMINAL DISEAS WED 200 AUTO YES JRY OCCURRED (ENTER N.	OPSY? ZOB. IF Y IN CER. NO ATURE OF INJURY IN ITEM II CITY OR TOWN October 21	COUNTY	NGS USED OF DEATH? NO STAT
er Item 18 shows ony injury, or other	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANTAL STORM STATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHITE NOT WHITE ALWORK ALWORK 22d. I certify that (I) (this hospit	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION	CH OPERATION WAS PERFORM DAY YEAR 21 1903 216. LOCATION STREET	O THE TERMINAL DISEAS WED Z00 AUTO YES DIRY OCCURRED (ENTER N.	OPSY? ZOB. IF Y IN CER. NO ATURE OF INJURY IN ITEM II CITY OR TOWN	COUNTY L 19 83 our ond from the	NGS USED OF DEATH? NO STAT
If them 21 is morked or Item 18 shows ony injury, or other MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (18 EITHER, NOTHER DECK AL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27e. I certify that (1) (this hospit saw the deceased alive on above. It was ideal ideal and an account to well did ideal and account to well did ideal and account to well and account to well account to well and account to well account to we	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION	DUENCE OF OPERATION WAS PERFORM THE PROPERTY OF THE PROPERTY	O THE TERMINAL DISEAS WED 200 AUTO YES DISTRIBUTION OF THE PROPERTY OF THE P	OPSY? ZOB. IF Y IN CER. ATURE OF INJURY IN ITEM IS CITY OR TOWN October 21 ed on the dote and h	COUNTY L 19 83 our ond from the	NGS USED OF DEATH? NO STAT
If Item 21 is marked or Item 18 shows ony injury, or other MEDICAL CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (18 EITHER, NOTHER DECK AL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 27e. I certify that (1) (this hospit saw the deceased alive on above. It was ideal ideal and an account to well did ideal and account to well did ideal and account to well and account to well account to well and account to well account to we	DUE TO, OR AS A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTING TO THE CONTRIBUTION FOR WHITE THE CONTRIBUTION FOR THE CONTRIBUTI	DUENCE OF OPERATION WAS PERFORM THE PROPERTY OF THE PROPERTY	O THE TERMINAL DISEAS WED Z00 AUTO YES DIRY OCCURRED (ENTER N.	OPSY? ZOB. IF Y IN CER. ATURE OF INJURY IN ITEM IS CITY OR TOWN October 21 ed on the dote and h	COUNTY L 19 83 our ond from the	NGS USED OF DEATH? NO STAT
RTANT: If Item 21 is marked or Item 18 shows any injury, or other MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER-SIGNIFICANTA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOT BY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF OPERATION 22a. Certify that (I) (this hospit saw the deceased alive on above the world of the interval of the control of	DUE TO, OR AS A CONSECTION OF TO A CONSECTION OF THE CONTRIBUTING TO THE CONTRIBUTION OF THE CONTRIBUTION	DUENCE OF OPEATH OUT NOT RELATED TO ICH OPERATION WAS PERFORN DAY YEAR 216. HOW INJU 216. LOCATION STREET OPERATED Ond that in (my) (a) DEGREE ATT PH 22e ADDRESS	O THE TERMINAL DISEAS WED 200 AUTO YES DISTRIBUTION OF THE PROPERTY OF THE P	OPSY? NO TOWN CITY OF TOWN October 27 ed on the dote and h STAFF PHYSICIAN []	COUNTY L 19 83 our ond from the	NGS USED OF DEATH? NO STAT that (I) (we) couses state: SIGNED -21-83
MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost. PART 2. OTHER SIGNIFICANTAL STORY 19e. DATE OF OPERATION 21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER: 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22d. I certify that (I) (this hospit saw the deceased alive on show the deceased alive on show the same than th	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF OPEATH OUT NOT RELATED TO ICH OPERATION WAS PERFORA 216. HOW INJU 217. LOCATION STREET ATT PH 22e ADDRESS Stella	OTHE TERMINAL DISEAS WED 200 AUTO YES DISTANCE JRY OCCURRED (ENTER N. 19 82 10 DISTANCE JOURN OPINION deoth occurre JUNE TENDING MEDICAL HYSICIAN DIRECTOR Maris Hosp	OPSY? ZOB. IF Y IN CER. NO DETAIL TO THE MEAN THE MEA	COUNTY L 19 83 our ond from the	NGS USED OF DEATH? NO STAT that (I) (we) couses state: SIGNED -21-83
IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other 1952. MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER-SIGNIFICANTA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOT BY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OF OPERATION 22c. Certify that (I) (this hospit saw the deceased alive on above the deceased of the operation of the control of the operation	DUE TO, OR AS A CONSECTION OF AS	DUENCE OF OPEATH OUT NOT RELATED TO ICH OPERATION WAS PERFORN DAY YEAR 216. HOW INJU 216. LOCATION STREET OPERATED Ond that in (my) (a) DEGREE ATT PH 22e ADDRESS	OTHE TERMINAL DISEAS WED 200 AUTO YES DISTRIBUTION TO THE TERMINAL DISEAS 19 82 TO THE TERMINAL DISEAS 19 82 TO THE TERMINAL DISEAS TO THE TERMINAL DISEAS WED 200 AUTO TENDING MEDICAL TO THE TERMINAL DISEAS	OPSY? ZOB. IF Y IN CER. NO DETAIL TO THE MEAN THE MEA	COUNTY L 19 83 our ond from the 22c. DATE Dulaney	NGS USED OF DEATH? NO STAI that (I) (we couses state SIGNED -21-83

	J/col.			201 Wit
	2 2		200	Labori
January Design				or , subilities
	nice, ans.	and nive a	(List)	- El., odial
1515 Jr. Georgie two., 2185				
	V. Tale	ing By	. 6	
t lospide, Inc. Culancy Valid	ing state	21_02_02		
		22-01 7		
to hit redoted - 1		Z7 19	dol:0	
ell-15-13 pilot vannias sai sainnel a duis	ione pliese			

	1.	FOR STATE REGISTRAR			DEPA	RTMENT OF	EALTH AND MENTAL	. HYGIENE		<i>2</i>	6 1	6 2
° 21			PIRST		J.			2a. I				2b HOUR
ge 4 moy	3 SE	× Female	4. 1	White			DAY YEAR		GE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
nerol din n 72 hou		COUNTRY	OREIGN 7b.			MARRIE						MD
by the fu	10 C	Towson	тн 11.	NAME OF H	OSPITAL, NU H FACILITY GIVE ST L Walnu	RSING HOME (TREET ADDRESS) THILL		(TYF	E OF WORK FOR MOST OF		INDUSTRY	BUSINESS OR Post
hin 24 hou should be should be	13a.	aryland	136 COUNTY		13c. CITY OR I	OWN	YES NO X				l Lane	-21204
3 100 000	Ha	FIRST	MIDI		lacan le	v	Teannet	-t-a	MIDDLE	20	LAST	dean
5 0	16a. \	VAS DECEASED EVER		D FORCES?			17 INFORMANT				ville.	Md.
Pogn and			I IF YES, GIVE W	AR OR DATES)	217-	12-3846	Harrie B.	Maca				
ficote to physicio popers novol.		PART I. DEATH W.	AS CAUSED B	Y:	line for (o), (b)	1, ond (c).1	1				BETWEEN O	MATE INTERVAL NSET AND DEATH
deoth cert ottending nove corbo ation, or rer		203/ Conditions, if ony,	which (
s that the ed by the eleose ren riol, cremi or other t		cause (a), stating underlying cause	g the solution state.	(c)								
signe hen p to bu	Z	PART 2. OTHER SIGN	IIFICANT COM	nditions <u>cc</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR COND	DITION GIVEN	N IN PART 110	
he low re on. hos been t permit. I iene prior ows ony ii	TIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WH	IICH OPERATIC	N WAS PERFORMED			IN CERTIFY	NG CAUSES	
ZACOTE		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I I OR PART 2}	
T D S Q V O	MEDI	WHILE NOT WHI	ILE 🗀			ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
spitol or Spitol or CTOR: Al for use of Healt						V 4 ()	nd that in (my) (gur) opi	inion death	to	te and hour o		hat (I) (we) last ouses stated
ALOR A the ho ALDIRE: detoched ote Dept		226. SIGNATURE Shelder	n C.	Law	1		ATTENDIN	NG M AN DOT	EDICAL STAF	F IAN 🗌	22c. DATE S	6/13
HOSPII toined by O FUNER that he Si					M.D.		22e. ADDRESS 3300 N. (Calve	rt Street			
BP	23a	BURIAL, CREMATION,	REMOVAL		1000	Dulan	ey Valley		Timonium,	Bal	Lto.,	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)			Funera	1 Họme	, Inc.	1050 Towson	York Road ₂₅₀ , Maryland	OCT	7 198 3	25b. REGISTR	AR'S SIGNAT	shield.
	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours ofter decretationed by the hospital or otherding physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the otherding physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical Rydminer rouse be rapitived for	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directions should be detached for use as the buriol-transit permit. Then please remove corbon-popers. Pages 1 and 2 should be filled within 72 hours, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: if hem 21 is marked or hem 18 shows any injury, or other traumatic event, the medical examiner required of names.	TO EUNERAL DIRECTOR To EURITH OR ATTENDING PHYSICIAN. To EUNERAL DIRECTOR: After this certificate has been signed by the hospital or outending physician. To EUNERAL DIRECTOR: After this certificate has been signed by the hospital or outending physician. To EUNERAL DIRECTOR: After this certificate has been signed by the certificate has been signed by the other of the mary of the property of t	1. DECEASED NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 1. DECEASE NAME (TYPE OR PRINT) 3. SEX Female 1. DECEASE NAME (TYPE OR PRINT) 1. DECEASED NAME (TYPE OR PRINT) 1. DECEASE	To Lord A the property of the	Description of the part of the	TOWSON 1. STATE REGISTRAR 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 3. SEX Female 1. DECEASED NAME (TYPE OF REAL) 1.	TO STATE REGISTRAR REGISTRAR LOPEC SASED NAME LOPEC SAS	DEPARTMENT OF HEALTH AND MENTAL HYGINE REGISTRAN DEFACE NAME REGISTRAN LORRAINE J. SEGUIN SEGU	FOR STATE REGISTRAR	DEFERRANCE INTERCEDIATE AND MENTAL HYGIENE 1. SEATE REGISTRAN 1.	TOTAL PROPERTY OF THE ALTH AND MENTAL HYGINE 1. SECTIFICATE OF DEATH 1. SECTIFICATE OF DEATH

		N. LUNGE	• 1	
	35 63	4 -2 -191		
		77		.arylan c
deof pwell	labimalO			
nut Hill Enne -2120	x 1211 Hel		tikere "orsor	laryland Dal
ineindeav Catonsville, KG.	ette Gorna	9 1 1591	Macauler	viiz.
14 Vert ont 4.212	. Freenuley -2	-3046 Parrie P	217-12-	O'

STATE OF MARYLAND

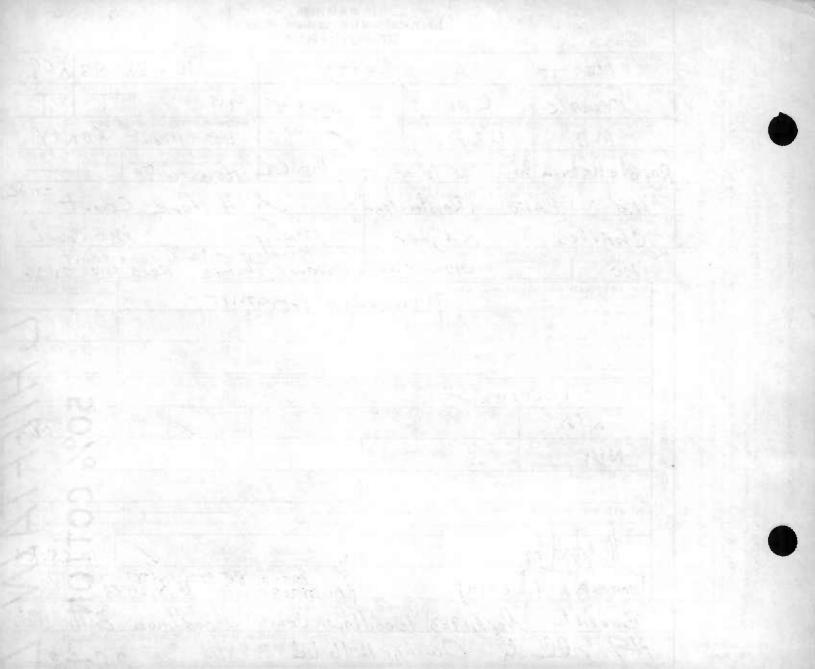
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	ORPRINT NETTIE	MIDDLE	SEITZ	20. DATE OF DEATH MON	- 28 - 83 800 M
	3. SE	Female	CAUC.	5. DATE OF BIRTH MONTH — 201 — 8 YEAR	6. AGE IN YEARS LAST BIRTHDAY	YRS.
1		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	OUNTY OF DEATH ORE COUNTY MD.
3	RA	MO Allstown	BALLUNCKE COM	ver CREW - AUSPITCAL	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO	
5	13a. S	and BA	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134-ENTY OR TOW RESIDENCE RESIDENCE BEFORE RESIDENCE	YES NO THE	13e. STREET ADDRESS 4 Hohe	· Court 21130
0		Charles	MIDDLE KAGLE	15. MOTHER'S MAIDEN NA	ME MIDDLE	Mª Coul
		VAS DECEASED EVER IN U.S. AR YES INGORUNKNOWN) (IF YES, GIV	WE WAR OR DATES) 212-10-4	1955B. Mildred		Hohe Court eis. Ind. 21136 APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
No.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)		UNAL DISEASE OR CONDITION	ON GIVEN IN PART I (o
2	TIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		6. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
0	MEDICAL CERTIFI	218, ACCIDENT WAS UNDERLYING OR CONCLUDED CAUSE OF DEA (IF EITHER INDIVENMENTAL EXAMINER 218, IN JURY OCCURRED AT WORK ALWORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	AY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN I	ITEM 18, PART I OR PART 2) COUNTY STATE
		220 I certify that (I) (this hospi sow the deceosed olive on	ital) ottended the deceased fram	, and that in (my) (our) opinion	tatadeath occurred on the dote o	, 19, that (I) (we) lost and hour and from the couses stated
		22d STGNATURES 22d PHYSICIAN'S NAME TREE	OR PRIM	DEGREE ATTENDING PHYSICIAN [224 ADDRESS [MEDICAL STAFF DIRECTOR PHYSICIAN	^
	23a. E	WINDLA V	23b. DATE 23c. I	NAME OF CEMETERY OF CREMATORY	23d. LOCATION CITY OF TOWN C	21133
	24 FU	INERAL DIRECTOR Sella	Nov.1,1983 (igs Milb WATT	Wood/AU	REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)



page 3

medicol exom

injury, or other troumotic event, the

moy be

STATE OF MARYLAND

200	0
862+00	

	REGISTRAR		CENTII	TCATE OF L	EAIN	REG. NO	0.				
	CEASED NAME FIRST	MIDDLE		LAST	M. A. T. M.	20. DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	
(1111	ALLAN	J. M.	5	EWEL	1.		10	07	83	6	38 AN
3. SE	X	4. RACE		OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY)	IF UND	ER I YEAR	IF UNDER	
	MALE	CANCACION.	MONT	-	99	84	YRS		DAYS	HOURS	M IN.
	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	- Clarica		9. BALTIMORE CITY O	1110	-	EATH		
_	Maryland	U.S.A.	WIDOW		VORCED -	Baltimore	: Cou	inty			MD
Ra	ity or town of death	11. NAME OF HOSPITAL, NURSING INFO STREET BALTIMOYE COUNTS	y Gene			USUAL OCCUPATION BEOF WORK FOR MOST 9		LIFE) 126	, KIND O DUSTRY	F BUSINE	ESS OR
13a. S	lary land 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136 CITY OF TOWN ROCKAALE	e admission) /N 3	136. INSIDE C	NO	130. STREET ADDRESS 3418 Abi	bie 1	Place	2 21:	207	
14 FA	ATHER'S NAME Marion	Sewell LAST		15. MOTHER	s maiden na first Annie	WE	Besi	uski	LAS	ıT	
	VAS DECEASED EVER IN U.S. AF		JRITY NO.	17. INFORMA	NI Mr. I	Farnsworth	sewe i	11	2	21663	7
,	No -	705-03-5	331				Roc	ek Ho	222.		
	18 CAUSE OF DEATH (Enter of	nly one cause per line for (0), (b), on								IMATE INTEL	RVAL
	PART I. DEATH WAS CAUSE	ED BY:		MANA	DY A	RRFST					
	IMMEDIA	TE CAUSE (a) CARDIO									
	4100	DUE TO, OR AS A CONSEQU					. ,				
	Conditions, if ony, which	((b) ALUTE	My	OCAR	-DIAL	TNFARE	110	10			
	gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQU		77.46			11.75				D. P.
	underlying couse lost.	AIZTEIZI	ins//	FROT	7/ 1	HEART D	150	FAKI	=		
N	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	VINAL DISEASE OR CON	DITION G	SIVEN IN	PART Ito	,	
CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20g AUTOPSY?	20b. IF Y	ES, WER	EFINDIN	IGS USER	D
FIC						V55 - 10 - 10			CAUSES	OF DEAT	
ERT	2 a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		Tale HOW IN	ILIBY OCCUPE	YES NO X		YES 🗌		NO	Ú.
_	OR CONTRIBUTING CAUSE OF DE		AY YEAR	ZIL. HOW IN	JUNT OCCUR	KED (ENTER NATURE OF INJUI	RY IN ITEM II	B PART) QI	LPART 2)		
S	(IF EITHER NOTIFY MEDICAL EXAMINE		19								
MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	FARM FTC)	211. LOCATIO		CITY OR TO	WN	cc	YINUC		STATE
2	AT WORK NOT WHILE	TATTONE STREET, THE TOWN, OFFICE,	Ann. 616)								
	22a.1 certify that (I) (this hosp	nitol) ottended the deceosed from		0-6-	19 83		7-	. 19 8	- 3	that (I) (v	we) lost
	sow the deceased alive or	10-7-19	83,	nd that in (my)	(our) opinion	deoth occurred on the do	ote and h	our and f	from the	couses str	oted
	22b. SIGNATURE	ot) view the body ofter death.		DEGREE					2c. DATE	1111	
		1 MINIM			TTENDING	MEDICAL STAF	FF				
		SMI		-	PHYSICIAN [DIRECTOR PHYSIC	IAN 🔀		10	-)-	83
	224. PHYSICIAN'S NAME (TYPE			22e. ADDRES							
	DR SUDK	IR. D. PATE	2	B	AL. C	OUNTY	65	N,	HUS	it.	1
23a. I	BURIAL, CREMATION, REMOVAL			EMETERY OR		23d. LOCATION		COUR	NTV		STATE
	(SPECIFY) Burial	10-9-83 Lo:	rraine	e Park	Cemeter	y Woodlawr	i E	Balti	more		
24. F	UNERAL DIRECTOR Lorin	g Byers Funeral									
	8728 Libertu R	oad Randallstow	n. MD	. 21133	רחת	77 4002	Sal	m-	2 G	Much	R
					1 1 7 1 1	1 1 1 1 1 1 1 1	161	- 4	/		184

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

		The second second			
77 TO 15					
		a Resid			
					35
		and gradient			
				1965	
		1854 14 787			
	Sign of	1854 16 880 1854 16 880			
/ · · · · · · · · · · · · · · · · · · ·			No.		
				Telel of	

FOR - STATE REGISTRAR

1. DECEASED NAME

70. BIRTHPLACE

Mary land

(YES NO OR UNKNOWN)

14. FATHER'S NAME

CERTIFICATION

.Female

homos

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH YEAR 2h. HOUR 83 5 AM M Elizabeth Teresa Sheenan 5. DATE OF BIRTH 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 19 1 92 White Jan. 9. BALTIMORE CITY OR COUNTY OF DEATH LSTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore Countr DIVORCED T WIDOWED 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 222 Leeds Terrace touse Wife NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltemore 1272 NO 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE MA 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16h. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 219-307016 1900 Sulplus Son Rd-

18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) REPORT OF THE CAUSE (c) PARTICLE OF THE CAUSE (c)	BETWEEN ONSET AND D
Conditions, if ony, which (16) Covernous Below Designe	21- m
gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF CITY	yeans.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON	IDITION GIVEN IN PART 1/8

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?

IN CERTIFYING CAUSES OF DEATH? YES T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

23b. DATE

P.M 19

21e. PLACE OF INJURY

211. LOCATION

COUNTY STATE

NO F

21d. INJURY OCCURRED STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from...

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did nat) view the bady after death DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22c. DATE SIGNED

THE PHYSICIAN'S MAME (TYPE OR PRINT) A-MEHIA

22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

230. BURIAL CREMATION REMOVAL Anatomy Board

10/29/83

23d. LOCATION CITY OR TOWN

COUNTY

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82

MPORTANT:

00

Anatomy Board (VRA 15, 4)

ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAR 256. BES ISTRAR'S SIGNATURE

BP

O FUNERAL DIRECTOR:

1222 Leeds Terrace

126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home 1302 Kenton Road Bean Chambers Funeral Home Moorefield .W.VA APPROXIMATE INTERVAL BETWEEN ONSET AND DEA CONTRIBUTING TO DEATH BUT NOT RELECTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 1. 49_83___, that (IX(we) last 4 19 83 and that in XnX (aur) apinian death accurred on the date and hour and from the causes stated THE DATESIGNED 7620 York Rd. Baltimore, Md. 21204 Moorefield , West Virginia 24. FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

06:23R

1983

IF UNDER 1 YEAR

DAYS

DHMH - 16 50M 4/82 (VRA 15, 4)

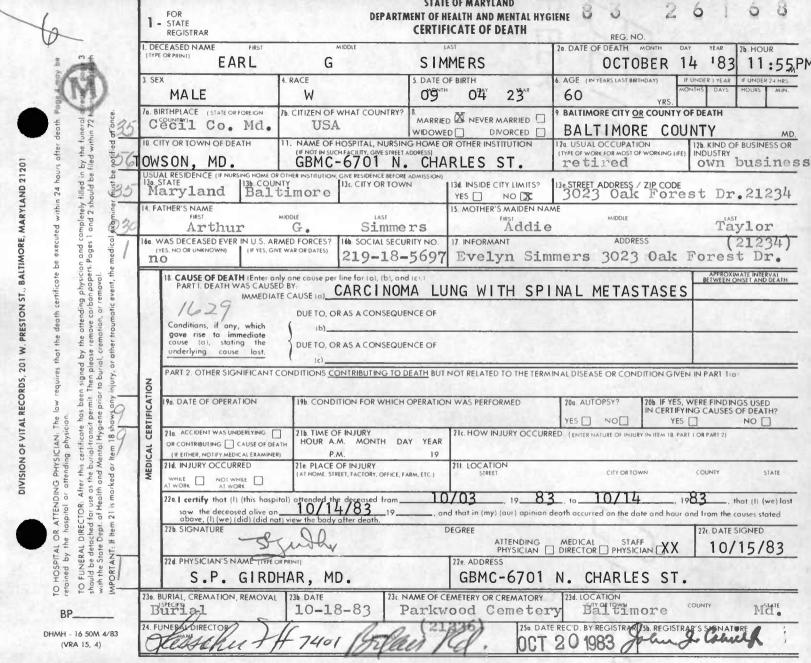
FOR

- STATE

norgaen in , i and heres	SHERMAN	. Yeur
ANTHONE COUNTY,		.0.0
SOUTH AND THE STATE OF THE STAT	SEPIL HOSPITAL	BALTIMURE ST. DO
1992 Keyta Bood	2 2000	n swifted beigned
and the second s	1760 37	
	(min ma) 5100-6,-0	0
	AND THE	
at the second of the second	and a second	nadozo0
ore nd. Ealetmore, Nd. 2120	7 0285	
Hooresteld, Nept Wir Kift	gressen savist of	Lettel Dec. 17,1
ALLES AND THE POPULATION	o, gro tena co-co-co-co-co-co-co-co-co-co-co-co-co-c	lauck Towers Concernt you c, to

•	2	- S	OR TATE EGISTRAR			DEPAI	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH		. NO.	6 !	6/
m r		1, DECE	ASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
poge 3				PHII	LLIP	FRED	SI	LVER		, ,	83	5:15P A
for po	214	3. SEX			4. RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MINL
urs a			LE		WHITE			. 3, 1925	58	YRS.		
uneral d un 72 ha at once.	39	NE	PLACE (STATE OR F NTRY) WYORK		US.		WIDOWE		BALT IM			MI
by the filled with	56		T OWS ON		6701	N CHA	RLES S	ROTHER INSTITUTION	120 USUAL OCCUP	ST OF WORKING LI		
should be should be	35	13a. STA	RESIDENCE (IF NURS TE ARYLAND	13b. COUN BAL	ITY	13c. CITY OR TO BALTIN	OWN I	13d. INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP CODI	E). #21	S0 1207
÷ 24	30	I4. FATH	ER'S NAME NATHAN		MIDDLE	SILVI		15. MOTHER'S MAIDEN NA FIRST GOL	,DA		UNKNO	St DWN
an popers. Pages 1 emaval.	1	160 WA	DECEASED EVER		MED FORCES?	219-16	CURITY NO. 5-9019	3828 BYFIEL	S. BESSYED RD. B.	STLVER	MD 2	21207
or been signed by the attendance carls emit. Then please remove carls prior to burial, cremation, ar sony injury, ar other traumatic	9	NOIJ	Conditions, if ony, gove rise to imm ouse (o.), storin underlying cause ART 2. OTHER SIGN DIABE DATE OF OPERAT	nediate g the last. NIFICANT C	DUE TO, O (c) ONDITIONS CO	ONTRIBUTING T	ONARY DUENCE OF O DEATH BUT	VASCULAR D	100 AUTOPSY2	20b. IF YE	S, WERE FINDI	INGS USED S OF DEATH?
certificate has bee rial-transit permit. ental Hygiene prio Item 18 shows any	9		B. ACCIDENT WAS UND R CONTRIBUTING C	AUSE OF DEA	In .	OF INJURY .M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO		PART I OR PART 2)	ио 🗌
e os the buri alth ond Mer morked ar Ite		WED 21	d. INJURY OCCURE	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFIC		211. LOCATION STREET	CITY C	Riown	COUNTY	STATE
TO FUNERAL DIRECTOR: Afti should be detoched for use o with the State Dept, of Health IMPORTANT: If Item 21 is mon	1	21	sow the decease obove, (1) (we) (c) the SIGNATURE DR J	ed alive and did) (did no	f) view the body	12 19	05 , or	O/12 19 8 d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 122- ADDRESS GBMC - 670	MEDICAL STATE OF THE	TAFF SICIAN S	22c. DATE	
b 5 4 4 4			CIPY) BURTAL			3,1983	RUDOME	EMETERY OF CREMATORY R VEREIN	234 LOCATION ROSE		BALTO	
AH - 16 50M 4/8: (VRA 15, 4)	3		PRAL DIRECTOR NAME NAME			ADDRES	5	0.07	1 8 1983	APTA REGIS		

16/12/85 3:158	a=921c 91221c	
17 65 310		
	The result of the second of th	
	No sale i sa comprese de la comprese del comprese del comprese de la comprese del comprese del comprese de la comprese del comprese del comprese de la compr	
TOSTO Y II W	The filment area of the entermily of the party of	
248	ACTIONATAL JAPONOUS	
	STATES FOR THE STATE OF THE STATES OF THE ST	
	ALAMETES, E SERTEUSION	
8/12	1 11.12	
Mario Julio		
	Date 219614 . U. date	
ni ana mana mana mana mana mana mana man		



198: L1 (88) L1 (81) 120]		1512		
	25 (12)			SURF.
ALTHOU STOLEN				fil .ob Zies H
minus pro be been	1 2.12	î î		
dean in point the easy			onombo	all bunkered
(doles)		Timeware S	4.0	Territoria de la constanta de
and the both of the polymon	wall metrode	W. 101-513		
EG BILLOT	18			
EST BILLES EST.			10/15	812 .3.2

ن	da	Ó	- E	(
REG. NO.				

-	1 -	STATE REGISTRAR			DEPAK		ICATE OF D	EATH	IENE	REG. NO	o.			
		CEASED NAME	FIRST		AIDDLE	t.	AST		20. DATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR
		ON TANATY	MARGA	RET	K.	SIN	KENBRI	NG			10	14	83	7:35
3	. SEX	Female		4. RACE Whi	lte	5. DATE C		YEAR 91	6 AGE INYE	92	THDAY)	MONTHS	DAYS	IF UNDER 24 HRS
		RTHPLACE (STATEOR	FOREIGN		WHAT COUNTRY	7? 8. MARRIEI WIDOWE	DEVERA	AARRIED	9 BALTIMOR Bal		R COUN			M
	_	ty or town of death	ATH		HOSPITAL, NURS H FACILITY, GIVE STREI an Nurs i			ITUTION	12a USUAL O ITYPE OF WORK Home	CCUPATI FOR MOST O make	ON F WORKING T	12b. IND	. KIND O DUSTRY	F BUSINESS OF
100	13a. S	L RESIDENCE IN NURS	136 COUN	other institution. Ity ltimore	GIVE RESIDENCE BEFO 13c. CITY OR TO Arbut	WN	13d. INSIDE C	ITY LIMITS?	13e. STREET A 5506	DDRESS Rock	leig	h Dr	. 2	1227
30	4 FA	THER'S NAME William		MIDDLE	Weber	G		MAIDEN NAA hristia		MIDDLE	-3		Sieh	ler
, 1	6a. W	AS DECEASED EVER		MED FORCES?	166. SOCIAL SEC		17 INFORMA			ADDRE				
L	(1	NO OR UNKNOWN)	(# 125, 611	t was on bares,	220-48	-8587	Marga	ret Spi	ittel	5506	Roc			r. 212
	TION	Conditions, if ony gove rise to im couse (o), stati underlying couse PART 2. OTHER SIG	mediote ng the e lost.	DUE TO, OI		DEATH BUT	1							V
	CERTIFICATION	19a. DATE OF OPERA	TION	196 COND	TION FOR WHIC	H OPERATIO	N WAS PERFO	KWED	YES	NO[]	IN CER			OF DEATH?
7	-	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR			RED (ENTERNATI	URE OF INJU	RY IN ITEM)	B PART 1 OR	PART 2)	
	MEDICAL	21d. INJURY OCCUR	HILE T	21e. PLACE (AT HOME, STE	OF INJURY LEET, FACTORY, OFFICE	E, FARM, ETC.)	21f. LOCATIO	N		CITY OR TO	WN		YTHUC	STATE
		22a.1 certify that (I sow the decease above, (I) (we) () (this hospi sed olive on did) (did ho	tol) ottended the	e deceased from 19. ofter death.		nd that in (my)	, 19 <u>74</u> (our) opinion o	deoth occurred	on the d		19 nour ond f		that (I) (we) los couses stated
		22b. SIGNATURE	Tor.	All	WHIP		DEGREE	ATTENDING PHYSICIAN X	MEDICAL DIRECTOR	STAI PHYSIC		22		16/83
		Jno H. SI	/				22e ADDRES 5800		son Ave	nue				
		URIAL, CREMATION	, REMOVAL				EMETERY OR		23d. LOCA	TION		cour	NTY	STATE
		Buria	1	10/17	/83		ne Park			lawn			timo	
	24 FL	INERAL DIRECTOR				211	229	25a DATI	E REC'D. BY RE	GISTRAR	ZMa REG	ISTRAR'S	SIGNAT	URE #

DHMH - 16 50M 4/82

BP

(VRA 15, 4)

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

AT TO STATE OF			. T. A. YA		
first .e. offerient edit		none	Hand Sport of the		
tellipit i ko			die de la So.		
Fe .90 Calelland Butt. Leading	ME SAME TAN	110			
				REAL PROPERTY.	
W. wasteledmaterns _					

FOR STATE REGISTRAR
1. DECEASED NAME

(TYPE OR PRINT)

SEX

3g. STATE

STATE OF MARYLAND

	CERTIFICATE OF DEATH	REG. NO.				
DLE	LAST	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	IR P
	SMITH	OCTOBER 30	193	33	8:4	5
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	IYEAR	IF UNDER	24 HRS
	S O 1000	93	MONTHS	DAYS	HOURS	MIN.

EMAL	- 5_	WY
BIRTHPLACE	STATE OR FOREIGN	76 CITIZE

EIRST

4 RACE

NOF WHAT COUNTRY?

MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE)

12b. KIND OF BUSINESS OR INDUSTRY

OR TOWN OF DEATH

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN

13d INSIDE CITY LIMITS 2

13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME

MIDDLE

FATHER'S NAME

SOCIAL SECURITY NO

17 INFORMANT

20b. IF YES, WERE FINDINGS USED

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

APPROXIMATE INTERVA

Conditions, if any, which gove rise to immediate cause (a, stating the underlying cause

IMMEDIATE CAUSE (o)

22a.t certify that (1) (this hospital) ottended the deceased from

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a.	ACCIDENT WAS UNDERLYING
OR C	ONTRIBUTING CAUSE OF DEATH

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

19g. DATE OF OPERATION

21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Oct.

200 AUTOPSY?

211. LOCATION CITY OR TOWN

COUNTY STATE

saw the deceased alive on. abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

nd that in (my) (aur) apinion death occurred on the date and haur and from the causes stated

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

226. PHYSICIAN'S NAME

22e ADDRESS

should be deta MPORTANT

CERTIFICATION

23b DATE

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

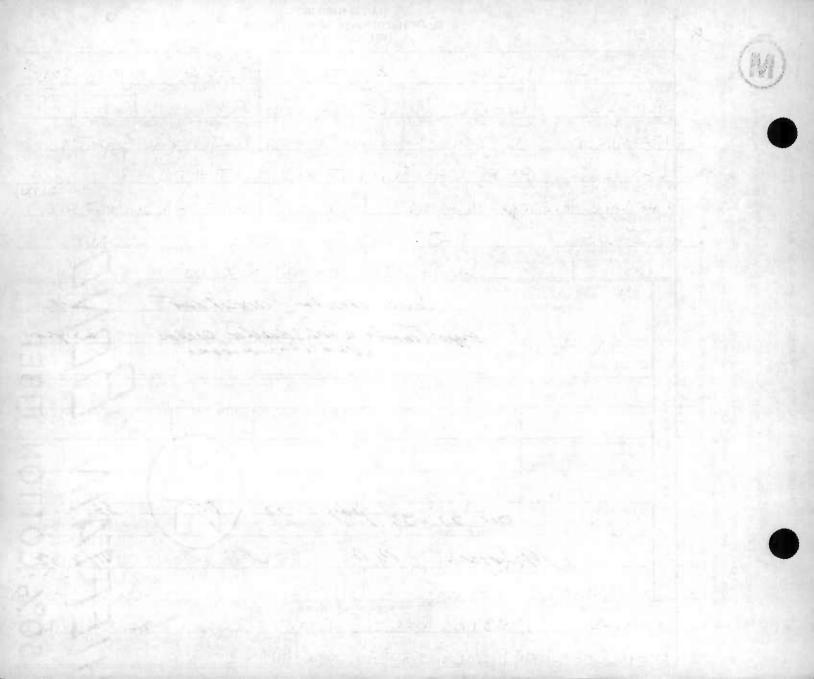
BY REGISTRAR 256 REGISTRAR'S COLO OR125

DHMH - 16 50M 1/B1 (VRA 15, 4)

versal-transit p

80

ö

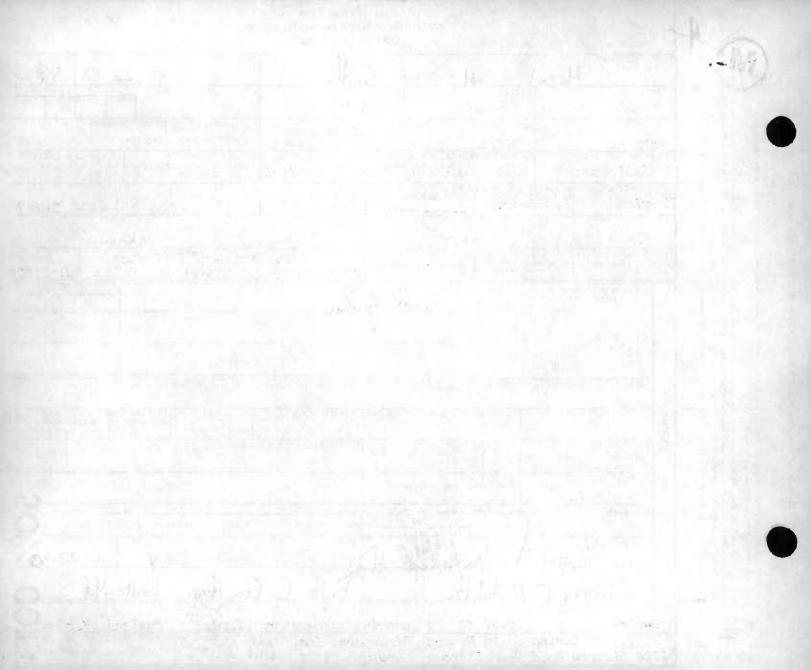


Tatleson, I med out test . Noselts costs f place ICP No. offat .fi efem Ish . Teures . I tell . obset . Fift davide . names .

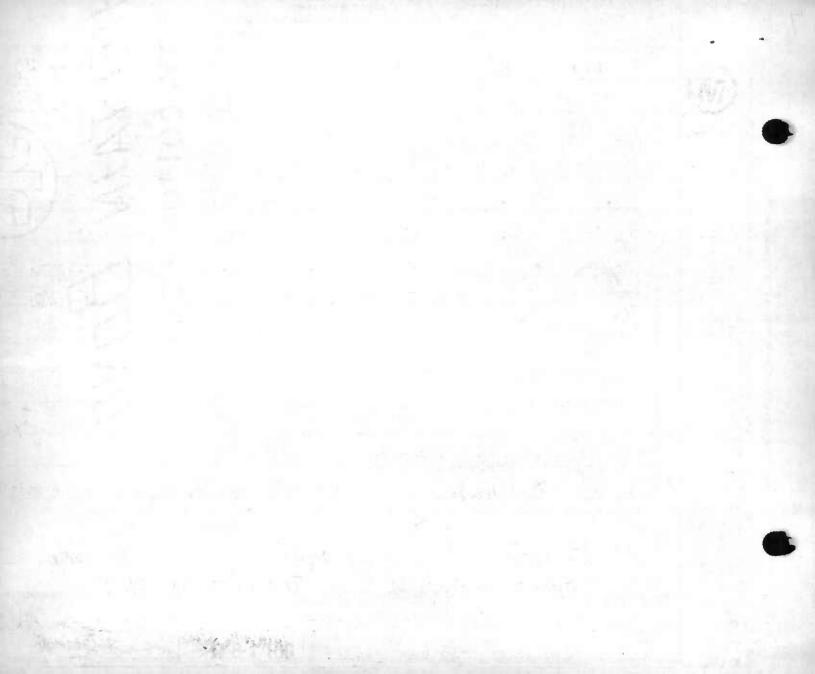
8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

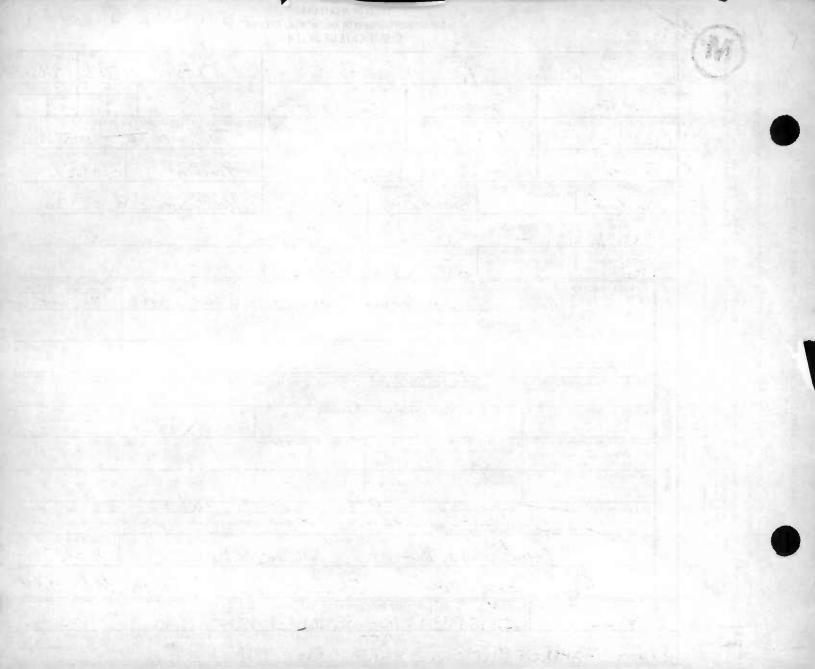
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



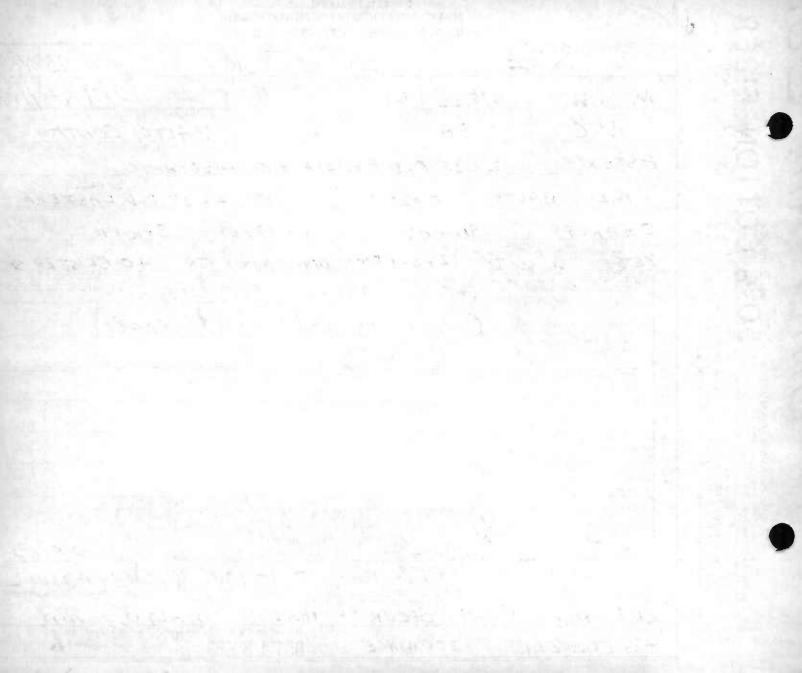
		CEASED NAME E OR PRINT) HUS	FIRST E.	SMITH	LAST		REG. NO. OWN MONTH STI- ATED 10	DAY YEAR 26 HOUR	
	3, SEX		S. DATE OF BIRTH	6. AGE (IN YEARS IF YEAR LAST BIRTHDAY) MI	UNDER 1 YR. IF UNDER			DAY YEAR 2d, HOUR	
FOR WITHIN PRES	FO	RTHPLACE (STATE OR REIGH COUNTRY)	76. CITIZEN OF V	/HAT COUNTRY? 8. MA	ARRIED WEVER MARE	RIED 📙	imore C		
ELAY IS NO THE FL PAGE 5 NE FILED, S, 201 W	10. CI	TY OR TOWN OF DEA	TH 11. NAME OF HO	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS) Old Hanover			ION TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY	
ANY DI ANY DI AND 31 ANY DI AND 31 ANY DI AND 31 ANY DI AN	USU #	L RESIDENCE (IF IN NUR	RSING HOME OR OTHER INSTITUTION, O 136. COUNTY Balto.	GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN Reistersto	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	d Hanov	er Rd.21136	6
SES 1, 2, A PM 3. A ND 2 SI OF VITAL		THER'S NAME FIRST Eugene	MIDDLE S.	Smith		nette	Ger	vais	
SIVE PACET IN FORM AGES 1	16a. V (Y	VAS DECEASED EVER es, no, or unknown) No	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	213-30-314	6 Ms.Rhon		h Reist	erstown, Md	
HIN 24 HOURS IL IN ITEM 18. G ER ALONG WI NSIT PERMIT. R L HYGIENE, DI EMOVAL.	7	18 CAUSE OF DEATH PART I DEATH W. 9/60 Conditions, if o	IMMEDIATE CAUSE (o)	Multan Travmos	KIJIGE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
XAMINE XAMINE AL-TRA MENTA N, OR R		gove rise to couse (o) stoting lying couse lost.	immediate (b) 11	ree fell on vic	tum				
S A BURIAL - TRA LTH AND MENTA REMATION, OR R	NO	couse (o) stoting lying couse lost.	immediate (b) 11 DUE TO, O			ART Liat.			
CHIEF MEDICAL EXAMINES AL EUSED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HYC JRIAL, CREMATION, OR REMO-	TIFICATION	couse (o) stoting lying couse lost.	immediate the under- DUE TO, O (c) (CONDITIONS CONTRIBUTING TO DEAT	r as a consequence of	SEASE OR CONDITION GIVEN IN P	ART 1 (a).		20 AUTOPSY?	
SHOULD BE USED SPARTMENT OF H RIOR TO BURIAL	MEDICAL CERTIFICATION	couse (o) stating lying couse lost. PART 2 OTHER SIGNIFICANT	immediate the under DUE TO, O (c)	BUT NOT RELATED TO THE TERMINAL DISTRICTION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR OF INJURY (AT HOME, 21).	SEASE OR CONDITION GIVEN IN P N WAS PERFORMED? C. HOW INJURY OCCURR LOCATION STREET	ED (ENTER NATURE OF INJURY I	cou	YE'S NOTE	
NG THE WORD WING THE WORD WING THE WORD WING SHOULD BE USED SHOULD BE USED WING WING WING WING WING WING WING WING	MEDICAL CERTIFICATION	COUSE (O) STOTING LYING COUSE LOST. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	TION 19b. COND SE WAS 21b. TIME C HOUR A CAUSE OF DEATH 2 2 LO RED 71e PLACE STREET, FA CORK 1took charge of the remoins declared to the control of the control o	THE BUT NOT RELATED TO THE TERMINAL DISTRICTION FOR WHICH OPERATION WHICH OPERATION MAY AN AMOUNT DAY YEAR M. 10/15/19/83 OF INJURY (AT HOME. 21).	SEASE OR CONDITION GIVEN IN P N WAS PERFORMED? C. HOW INJURY OCCURR LOCATION STREET 13117 Old History Stropsy , Inspectic , Homicide ,	ED (ENTERNATURE OF INJURY I CITY OR TOWN BNOVET Rd. F	con Resiterst	PE'S NOWN NOT STATE	
RTIFICATE SING THE WO D TO THE C SHOULD BE PARTMENT RIOR TO BU	MEDICAL CERTIFICATION	COUSE (O) STOTING LYING COUSE LOST. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUT	immediate the under: DUE TO, O	BUT NOT RELATED TO THE TERMINAL DISTRICTION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR M. 10/15/19/83 OF INJURY (ATHOME, 211.	SEASE OR CONDITION GIVEN IN P WAS PERFORMED? C. HOW INJURY OCCURR LOCATION STREET 13117 Old History Inspection	city or town	congesiterst], ond in my oper	PE'S NOWN NOT STATE	
HON OF VITAL I	WEDICAL MEDICAL	couse (o) stoting lying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERA 21a. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT	Immediate the under: DUE TO, O	BUT NOT RELATED TO THE TERMINAL DISTRICTION FOR WHICH OPERATION OF INJURY M. MONTH DAY YEAR OF INJURY (AT HOME, 21f. CTORY, FARM, ETC.) 23 CHAME OF CEMETER	SEASE OR CONDITION GIVEN IN P N WAS PERFORMED? C. HOW INJURY OCCURR LOCATION STREET 13117 01d History Monocide Title (SPECIFY) M.D. PARTIES ADDRESS 731	CITY OR TOWN CITY OR TOWN Anover Rd. F on M. Inquiry Undetermined monne	Resiterst ond in my op DATE SIGNE	UNITY STATE OWN, md 21136	



PAR 12	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 2 6 1 /
	DECEASED NAME PIRST	MIDDLE CAST	October 12, 1983 7:0.
dar, po offer d	SEX male	1. RACE S. DATE OF BIRTH Caucasia Month Day YEAR July 10, 1919	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS //
death. Page	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED MARRIED WIDOWED DIVORCED DIVORCED	A BALTIMORE CITY OR COUNTY OF DEATH
by the fu	Towson	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, SIVE STREET ADDRESS) 11. NAME OF HOSPITAL, SIVE STREET ADDRESS) 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL HOME OR OTHER HOME OR OTHER INSTITUTION 11. NAME OF HOSPITAL HOME OR OTHER HOME O	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Trucking Trucking Trucking
2 = 2	SUAL RESIDENCE (IF NURSING HOME OF BO. STATE HOME COL	Balthum City YES NO [13e. STREET ADDRESS Spence St., 21230
completely	FATHER'S NAME FIRST	MIDDLE LAST LAST LAST LAST	A MIDDLE LAST WOOD
Poges Poges	O. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT GIVE WAR OR DATES) 219010197 FAMILY	RECOR OS
e death move ca orian, o	Conditions, if any, which		
res that the	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (c) (C) (C) (C) (C) (C) (C) (C)	MINAL DISEASE OR CONDITION GIVEN IN PART Î (o)
on. has been signed by the permit. Then please refere prior to buriol, cremoves ony injury, or other partical presents of the present of the	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(c)	MINAL DISEASE OR CONDITION GIVEN IN PART 100. 200. AUTOPSY? YES NO X YES NO X YES NO X YES NO X
NN: The low requires that the hysician. reate has been signed by the ronsit permit. Then please ref ransit permit. Then please ref Hyglene prior to buriol, crem. 18 stows any injury, or other	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SICIAN: The low requires that the na physician. certificate has been signed by the ridol-transit permit. Then please required Hygiene prior to buriol, cremitem 18 skows any injury, or other contract of the register at the	gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCU	200 AUTOPSY? YES NO
the hospital or ottending physician. DIRECTOR: After this certificate has been signed by the foched for use as the buriol-transit permit. Then please receiped to theolih and Mental Hygene prior to buriol, cremit frem 21 is marked or them 18 stows ony injury, or other filtem 21 is marked or them 18 stows ony injury, or other prior to buriol.	gove rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER. NOTIFY MEDICAL EXAMIN 11d. IN JURY OCCURRED WHILE AT WORK AT WORK AT WORK Sow the deceased alive of sow the deceased alive of sow the deceased alive of the source of the deceased alive of	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21d. DOCATION STREET	200 AUTOPSY? YES NO NO NO CAUSES OF DEATH? YES NO
ital OR ATTENDING PHYSICIAN: The low requires that the by the hospital or ottending physician. Rat DIRECTOR: After this certificate has been signed by the eletoched for use as the buriol-transit permit. Then please resisted East of Health and Mental Hygene prior to buriol, crem. Int. If them 21 is marked or them 18 stows ony injury, or other than the properties of the properties of the properties of the properties.	gove rise to immediate couse (o1), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY HOT (II) (II) So to so we the deceased alive a obove, (II) [June] (did) (did)	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217. THE LOCATION STREET 218. PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 219. B.3., and that in (my) (and opinion of the property) opinion of the property of the body offer death. 220. DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO NO NO CAUSES OF DEATH? YES NO
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the stained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the hould be detached for use as the buriol-transit permit. Then please retwith the State Dept of Health and Mental Hygiene prior to buriol, cremwith the State Dept of Health and Mental Hygiene prior to buriol, cremwith the State Dept of Health and Mental Hygiene prior to buriol, cremwith the State Dept of Health and Mental Hygiene prior to or other MORTANT: If them 21 is marked or them 18 states and injury, or other manual and the states and the states are stated and the states and the states are states are states and the states are states are states and the states are states and the states are states and the states are states are states are states and the states are states are states are states and the states are states and the states are states are states are states and the states are states are states are states are states are states are states and the states are	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE OF CONTRIBUTING AUTHOR AT WORK 27a. L certify that (1) (birstoss sow the deceased alive a above, (1) [weel (did) (did-27b. SIGNATURE)	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCU 19 PLACE OF INJURY 1AT HOME. STREET, FACTORY, OFFICE, FARM, ETC) 21f. LOCATION STREET 21f. HOW INJURY OCCU 19 PLACE OF INJURY 10 DO 10 19 8 3 0 0 19 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	200 AUTOPSY? YES NO NO NO CAUSES OF DEATH? YES NO



1	-(1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 6	175
1	X	Ľ	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME OF THE	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOU
	SE ES. ET,		() (M	DV601 SN DEATH MATED 101	9 185 978
	PLEA ECTC FILL HOU	3. SE.	4. RACE	DATE OF BIRTH MONTH MONTH MONTH MONTH MONTH MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED MONTH	DAY YEAR 2d HOU
	OUR OUR ON		mw	9/5/22 6/ YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	41/X3V/V
	ESSA ERAL PRAN THIN TEST		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	Y OF DEATH
	LAY IS NECESSARY, PLEASE OF THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. E FILED, WITHIN 72 HOURS AGOI W. PRESTON STREET.	1	N.C.	USA WIDOWED DIVORCED BALTO, CO	ONTH M
	DELAY IS TO THE PAGE BE FILED	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
	3. RETAIN PACE SHOULD BE FILL SHOULD SHOU		ESSEX	2235 OLD EASTERN AVE MECHANIC	
	E AND 3 TO STAND 3 TO SHOULD BE		AL RESIDENCE (IF IN NURSING HOATATE 13b. COL	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) UNTY 13c. CLTY OR TOWN 13d INSIDE (1TY LIMITS? 13e STREET ADDRESS 2	124
	AND SHOUL RECO			UNITY 13c CITY OR TOWN 13d INSIDE (ITY LIMITS? 13e STREET ADDRESS 2 ALTO. 2552X YES NO 2235 OLD 6	ASTERN
	PPM 3.	14. F.	ATHER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
		1	CHARLEY	SMOOT BETTLE SPICE	R
	TER DE PAGE FORM S 1 AN	16a. \	VAS DECEASED EVER IN U.S. A ES, NO, OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	
	URS AFTER 8. GIVE PA WITH FOR		res IN	NI 24214 0205 DON SMOOT JR 40 B	BLISTER ST
	T 88		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	anly ane cause per lipe far (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	N 24 HOL VITEM 18 ALONG V PERMIT.			PIATE CAUSE (a) College (a) Priory OCC LUSIN	
	W. FRESTON ST. D. WITHIN 24 HC ENCIL IN ITEM 1 AMINER ALONG THRAN ST. PERMI	1	7100	DUE TO, OR AS A CONSEQUENCE OF	
	D WITHIN D WITHIN PERCIL IN AMINER . TRANSIT ENTAL HY	1	Conditions, if any, whi gave rise to immedia	ote (b)	
	UTED WITH N PENCIL II EXAMINER HAL-TRANSI MENTAL H		cause (a) stating the und lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	n D= 1 # 8 ~			((c)	
	CERTIFICATE SHOULD BE EXECUTED, STERRIFICATE SHOULD BE EXECUTED THE WORD "PENDING". PROPERTY OF HER MEDICAL E 3 SHOULD BE USED AS A BUILD	Z	PART 2 OTHER SIGNIFICANT CONDITIO	INS <u>Contributing to deatn</u> but not related to the terminal disease or condition given in part 1 (a).	
	HEA LES	MEDICAL CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	WORD "PI WORD "PI HE CHIEF O BE USED ENT OF HE	I			YES NO
	CERTIFICATE SHOI TING THE WORD DED TO THE CHIE 3 3 SHOULD BE US PRIOR TO BURIAL,	T W	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PAR	RT 2)
ì	TO THE TOUR	18	UNDERLYING OR CONTRIBUTING CAUSE C		
	CERTIFICATE THE WASTING THE WASTING THE WASTING THE WASTING THE WASTING THE STRONG TO THE STRONG TO BUILD THE WASTING TH	i i	21d INJURY OCCURRED	216 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	INTY STATE
ì	THIS CER WARDED PAGE 3 S STATE DEP	2	WHILE OF NOT WHILE AT WORK		JAC
	W 00 00 00		229. I certify that I tank ch	arge of the remains described above, held an Autopsy 🔲, Inspection 🗐, Inquiry 📈 ond in my ap	inion
	EXAMINER CERTIFICAT JID BE FOI DIRECTOR: WITH THE ARYLAND, 3			Accident . Suicide . Homicide . Undetermined monner .	
	L EXAMINE E CERTIFICA OULD BE FO L DIRECTOR H, WITH THE	1	11	TITLE (SPECIFY)	1 1 -
	_ = 0 - ± ×	7	ACTUAL SIGNATURE	M.D. MEDICAL EXAMINER SIGNEI	10/10/83
	DICA E THE SH SEAT ORE	1	-14	CAC VATERIUM SALORIA A AD.	12:22
	TO MEDICAL EXAMINER SECUTE THE CERTIFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTMORE MARYLAND, 3		EXAMINER'S NAME TO	EO, C MATTERS ME ADDRESS ST21 Dundal CO	M LILL
	PAG 10 AFT	23a. E	URIAL, CREMATION, REMOVA	CITY OR TOWN - COUN	NTY STATE
			CREMATION	10/2/83 SECURITY PROCESS BALTO.	MD
	DHMH-17 20M 1/73 (VR A 15 ME (5))		UNERAL DIRECTOR	ADDRESS ADDRESS 250. DATE REC'D. BY REGISTRAR 360. REGISTRAR'S S	IGNATURE /
			J.G. CONNE	LLY 300 MACE OCT 1 3 1983	anung



6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

FOR

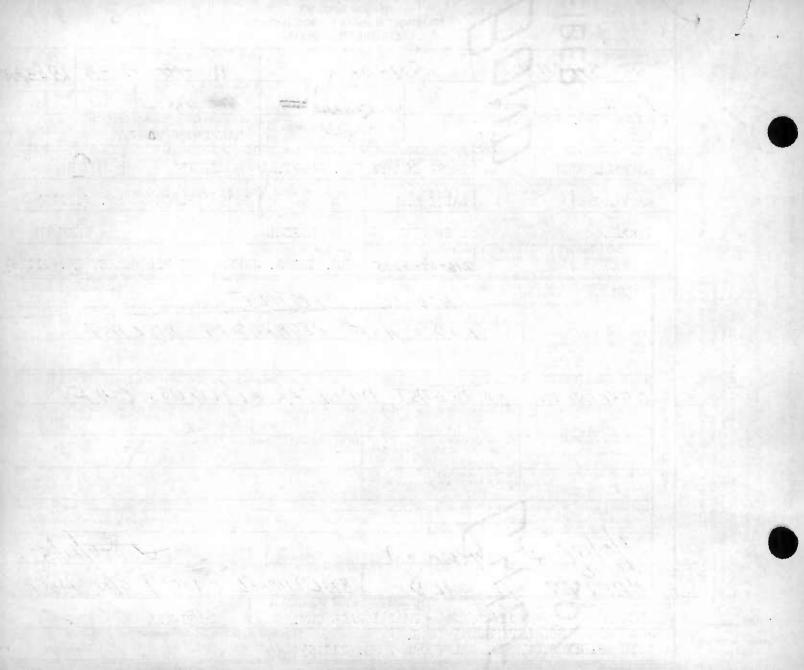
(VRA 15, 4)

STATE OF MARYLAND

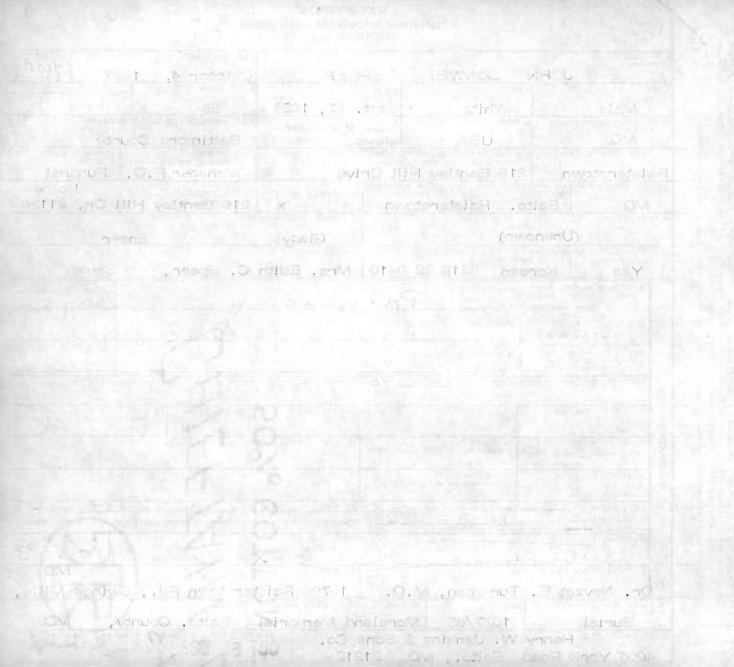
THE REPORT OF THE PARTY OF THE

STATE OF MARYLAND

#2a, per call W/F.H.



	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 2	6178
IVL		ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
		PE OR PRINT)	SOMMERS	SPEER	October 4. 1	983 700 H M
0 0	3. S	EX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4		Male	White	Sept. 27, 1928	55 YRS.	MONTHS DAYS HOURS MIN.
arh. Pa eral dir 72 hau	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
Junero June 72		MD	USA	WIDOWED DIVORCED	Baltimore Co	ounty MD.
by the fune filed within		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET 219 Bentley H		(Type of work for most of working LI Manager-F.D	
م م	US 130	UAL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION. GIVE RESIDENCE BEFOR	E ADMISSION)	13e. STREET ADDRESS	Home
shauld shaust	5	MD Bal			219 Bentley H	ill Dr. 21136
	14,	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIDEN NA	ME	
Dw3	C	(Unknown		Gladys		peer
Pages 1	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECT	URITY NO. 17. INFORMANT	ADDRESS	
S. Page			ean 219 22	0410 Mrs. Edith	C. Speer,	Same
0 0 - 4		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), or	id (c),)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
an pap emavo event,		PART I. DEATH WAS CAUSE	E CAUSE (a)	numou	مام	Days
	40	4140	DUE TO, OR AS A CONSEQU	ENCE OF		
nave carb nave carb latian, ar traumatic		Conditions, if any, which	(b)	SHDET	anlund	years.
, crem ather		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF		
Then pled taburial injury, ar	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART 1(0)
ws any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
ental Mygie Item 18 shav	-	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
arked ar He	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOWN	COUNTY STATE
l is mar		22n.1 certify that (I) (the house	of ottended the deceased from	10-11-1 19 72	death occurred on the date and ha	19 , that (I) (me) lost
pt. a		sow the deceased alive on, above, (I) (and the color of t	t) view the body after death.	DEGREE		22c. DATE SIGNED
Tate Der		W. Ci	leno	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10-5-83
B 10 -		224. PHYSICIAN'S NAME ITYPE O	R PRINT)	22e ADDRESS		MD
should be with the Sto		Dr. Nevzat E.	Turkman, M.		sterstown Rd.,	Owings Mills.
n > <u><</u>	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
		Burial		loreland Memoria	l Balto. Coun	ty, MD
OM 4/B2	24	FUNERAL DIRECTOR Henry	y W. Jenkins	Sons Co. 250. DA	TE REC'D. BY REGISTRAR 251 GIS	TRAR'S SIGNATURE
i, 4)		4905 York Roa	d Balto, MD	21212	16 1983 /00	



5	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF	E OF MARYLAND EALTH AND MENT ICATE OF DEAT			2	6 1	7 9
		CEASED NAME	FIRST		MIDDLE		AST	2	. DATE OF DEATH		DAY YEAR	2b. HOUR
y be	(1177	Control of the Contro	INE		F	3	PENCE			10 -10	0-83	м
ma)	3. SE	x	4.	RACE		5. DATE (6.	AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
oge 4 may be rirector, page 3 iurs offer death		FEMALE		WHI	TE	5		933	50	YRS.	MONTHS DATS	MIN,
th. Po		RTHPLACE (STATE OR I	OREIGN 76	CITIZEN OF	WHAT COUNTR	Y? B. MARRIE	D NEVER MARRI	IED 9	BALTIMORE CIT	-		
de de		ms.		U.S	A.	WIDOWI					PUNTY	MD.
of the f	10. C	TY OR TOWN OF DEA			HOSPITAL, NURS		OR OTHER INSTITUTI		OUSUAL OCCUP TYPE OF WORK FOR MO		126. KIND OF INDUSTRY	BUSINESSOR
1201	HEH	DUNDALK AL RESIDENCE (IF NURS		710		HIRE	WAY		NATIONA	L CAN	~	-
24 hour 24 hour suld be f	130. 5	STATE	136 COUNTY	Υ	13t, CITY OR TO	NWN	136. INSIDE CITY LI		. STREET ADDRES	SS	. 2	1222
rthin 2 thin 2 shou	14 E A	MD.	BALT	10	DUNDA	LK	YES NO.		7101 Dua	ISHIRE	NAY	
maker mplete ond 2	17.17	FIRST	ME	DDLE	LAST		FIRST		MIDDL	E	LAST	
E C C C C C C C C C C C C C C C C C C C	16a V	VAS DECEASED EVER	IN U.S. ARME	ED FORCES?	166 SOCIAL SE	CURITY NO	GRAC.	E	AD	DRESS	Doic	E
MORE, mond or Pages		YES, NO OR UNKNOWN)	(IF YES, GIVE V			4060		Ta				april
ALTIV	-		V . F = 4 = . = = l				ICICHAICS .	JACKS	610 ZO	OS TAUL	ETTE RI	ATE INTERVAL
ST., BALT rtificate b physicio onpopers. emovol.		18 CAUSE OF DEATH PART I. DEATH W			Acleman	carar	-d1	Dus	donum		ONE C	
N ST cert irbor ir rer fic ev		1520	IMMEDIATE				oner y	· · · ·	arrym		0	The state of the s
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 st that the death certificate be executed within 24 hours bed by the attending physician and completely filled in by please remave carbonpapers. Pages 1 and 2 shauld be fill arrial, cremotian, or remaveal. or other troumatic event, the medical examiner must be ac		Canditions, if ony,	which	DUE TO, O	r as a consec		with wid	l Sure	almet	entarin		
he a emo		gove rise to imm	nediote	DUE TO O	R AS A CONSEC	LIENICE OF		1	770076		-	4
by the ose rei		underlying couse		(c)	K A3 A COITSEC	OLIVEL OF					1	
	z	PART 2. OTHER SIGN	IFICANT CO	NDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO TO	HE TERMINA	AL DISEASE OR CO	ONDITION GIV	EN IN PART 110	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or them 18 shows any injury	CERTIFICATION	19s DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	o 1	20e AUTOPSY?	20b. IF YES	S, WERE FINDING	GS USED
has the	IFIC								YES NO	IN CERTIF	YING CAUSES O	OF DEATH?
SICIAN: The It on physicion. certificate has viol-transit per term 18 shows	CERT	218. ACCIDENT WAS UND	ERLYING	21b. TIME C			21c. HOW INJURY	OCCURRED			_	110 []
SICIAN SICIAN SICIAN Certific riol-tr riol-tr frem 11		OR CONTRIBUTING (M. MONTH M.	DAY YEAR						
SION OF VIT PHYSICIAN: ending physicians this certificat the buriol-from and Mentol Hysician d or frem 18 s.	MEDICAL	216. INJURY OCCURE		21e PLACE	OF INJURY		211. LOCATION				COLINITY	
O Planter of the street of the	Ž	WHILE NOT WH	ILE	(AT HOME, STE	REET, FACTORY, OFFIC	E, FARM, ETC.)	STREET		CITYO	RTOWN	COUNTY	STATE
O o d o o E		220.1 certify that (I)	-) attended th	e deceosed from	Sept	23 19	74	, to Oct	10	1983 . 11	not (I) (lost
R ATTEN hospitol RECTOR red for u pt. of He em 21 is		sow the decease obove, (I) (d olive on_	Oct 0	19	1 do - co - E	nd that in (my) (opinion dec	oth occurred on the	e date and hou	r and from the co	ouses stated
		22h SIGNATURE	-	2 //	Oner dedin.		DEGREE				22c. DATE S	IGNED
TAL OI y the NY the detoch detoch tote De		-XHU	ellah	Fol	pur	N	D. ATTEN	IDING ICIAN X	MEDICAL S	TAFF SICIAN [Oct 1	11,1983
HOSPITAL ined by the FUNERAL wold be detten to the Stote		226. PHYSICIAN'S NA	ME (TYPE OR P	RINI)			22e ADDRESS		0 0	Λ	11	
		ATAOLLI	4H (GOLF	IRA, A	1 D.	3029.	Dune	lalk A	ve. 1-	alto, M	121222
of of shape		BURIAL, CREMATION,	REMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION CITY OF TOWN			
BP		BURIAL		10/12	183	OAK	LAWN		CITY ON TOWN	BA	LTO	mb.
DHMH - 16 50M 4/B2	24 F	JNERAL DIRECTOR		,	ADDRESS	1		250. DATE R	EC'D. BY REGISTR	AR 256. REGIST	RAR'S SIGNATU	IRE .
(VRA 15, 4)	Co	ONNELLY	FUNE	ERAL.	HOME !	OF D	INDALK	OC.	1 3 198	3 /2	augh (sheely

SALL TO THE SECOND STATE OF THE SECOND STATE O Withchen Giller Albert Stell Stell Carte Charter with

STATE OF MARY SAND

FOR

(VRA 15, 4)

the property of the particles of the property of the particles of the part		
. 124 : E 131 : 12 1 1 1 1 1 1 1 1 1		
		-
		THE STATE OF
a source of the second		
That and a second of the secon		
		K
	100000	
	State of S	
		1 (7)

	58	32, 1720	ted to		60%
		X			efaire V Jesu
of temperat	anininke i	1 3	and endings	150-49	TERRY OF LIVERS
DENT EMIS		x o	govi office	stor/#E	and the styrol
No esta	-	0.15	10(1)		of arti
	not the	. O to a none	63 T3 W. SE.	IN.	t eY

.

10	1.	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE 8 3	26	3 2
		CEASED NAME FIRST OR PRINT) Emale	Caucasian I	STROTER NATE OF BIRTH DED 26, 1907	20. DATE OF DEATH OCTO 6. AGE IN YEARS LAST BREE 15	BER 29,1983 /	0:30 Am
filed witting to	1	THE ACE WHITE OF THE PARTY OF THE PARTY OF TOWN OF DEATH 11	U.S.a. W	ARRIED NEVER MARRIED DOWNED DIVORCED DOWNED DIVORCED DOWNE OR OTHER INSTITUTION	1 BALTIMORE CITY OF COLUMN 178. USUM OCCUPATY 178 MORE FOR MOST OF COLUMN 178 MORE FOR	COUNTY OF DEATH	MD IUSINESS OR
oges Onjo 2 sifoliti be	13e 5	THER S. N. KME AND DECEASED EVERTINUS. ARME MODELLINGS OF THE SECOND STREET OF THE SECOND S	DE CONTROL DE PORCESSO IND. SOCIAL SECURITY	13d INSIDE CITY LIMITED YES TO NO 11 INFORMANT	NE ADDRESS ADDRESS AND ADDRESS	Shows	ner Ma
han please remove carbon popers to buriol, cremation, dr removal jury, or other traumatic event, the	NC	Conditions, if say, which gave rise to immediate cause in, stoling the underlying couse last		CLNOMA OF TOTAL STREET S	THE BLEAT THE STASIS IN AL DISEASE OR CONI	DITION GIVEN IN PART 110	E HATEVAL IT AND DEATH
19	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPE	ration was performed	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	S USED DEATH?
ed or Nem 18 sh	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. INJURY OCCURRED WHILE NOT WHILE	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, B	19 211 LOCATION	CITY OR TO		STATE
hould be defacted for use and the State Dept of Health a APORTANT If them 21 is market.		22e I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) ve 22b. SIGNATURE	00, 27 19 17	DEGREE ATTENDING	MEDICAL STAF	ote and hour and from the cou	
213	V	Firial	23b. DATE 11.2.83.	Chun Cen	23d. LOCATION F	Co COUNTY M	ditate .
50M 4/82	24 FL	JOHERAL DIRECTOR JAME ASSEMBLY SAS	PORTUGE 2525	- fluff. 250. DAT	T 3 1 1983	256. REGISTRAR'S SIGNATURE	wif

THE THE PERSON OF THE PERSON O A CONTRACT FOR STATE OF STATE Frank C. H. E. E. S. Walt Suggestions will be have a file D. meetweel | The Manual Court of the seek Will love stone hit book w The test cook similars, statement out - 17-715 John HELL M.D. the same like the protect thousand to be at the like TELLER REAL THE THE EXCEPTION OF THE PROPERTY OF THE PARTY OF THE PART

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE REGISTRAR			CERTIF	ICATE OF DEA	ATH	REG. N	0.				
1. DECEASED NAME	FIRST RANK	ALBER		STANEK		20. DATE OF DEATH Octobe	2b. HOUR				
Male Male	4. RACE Wh:		5. DATE C Febru	of BIRTH nary 19,	1900	6 AGE (IN YEARS LAST BE 83	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.			
76. 8IRTHPLACE (STATE ORF		S.A.	OUNTRY? 8 MARRIE WIDOWE	D NEVER MAR	RRIED -	ounty	M				
Lutherville	(IFN	OT IN SUCH FACILITY,	L, NURSING HOME C GIVE STREET ADDRESS) ANOT NURSI		ITION	USUAL OCCUPAT			of Business of phone Co		
Maryland	136 COUNTY		PENCE BEFORE ADMISSION)		0 🗆	13e STREET ADDRESS 3013 Wea	zip coi ver <i>I</i>	venue 2	1214		
Albert	MIDDLE	Stane	ek ^{last}	Barba		WIDDIE	E	laha LA	ST		
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FO (IF YES, GIVE WAR OR	DATESI	-10-0915	Rose Marie Russell 600 Kingston Rd. 21212							
18. CAUSE OF DEATH PART I. DEATH W L292 Conditions, if ony, gove rise to imm couse (a), statim underlying couse	AS CAUSED BY: IMMEDIATE CAUS DU which nediote g the DU	E (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	gnsequence of	Heark Mistic (Ja ard	ilare to Vaxadon	Dise	APPROX BETWEEN	imate interval Onset and Death		
		ons <u>Contribu</u>	TING TO DEATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART TO	0,		
190 DATE OF OPERAT	ION 196	CONDITION FO	OR WHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERT	ES, WERE FINDIF IFYING CAUSES YES [
OR CONTRIBUTING C	21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YE				RY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART (OR PART 2)			
21d. IN JURY OCCURR WHILE NOT WH AT WORK	(AT	PLACE OF INJUI HOME, STREET, FACTO	RY DRY, OFFICE FARM, ETC.)	211 LOCATION STREET		CITY OR TO	own o /	COUNTY	STATE		
22a.1 certify that (1). sow the decease		ded the deces	ed from 12	d that in (my); jou	opinion d	feath occurred on the d	o ond ho	out and from the	that (I) (we) los		

22b. SIGNATUR 22d. PHYSICIAN NAME, (TYPE OF PRINT)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 1

Kevin Quinn M.D.

23e BURIAL, CREMATION, REMOVAL

Burial

1205 York Road 23c NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

DEGREE

COUNTY

STATE Maryland

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

O FUNERAL DIRECTOR:

shauld be detached

MPORTANT: If Item 21 is

24 FUNERAL DIRECTOR 5305 Harford Road Leonard J. Ruck Funeral Home, Inc. 21214

10-11-1983

23b. DATE

23d. LOCATION
CITY OR TOWN
Baltimore

Table Comment of the		
acortolized in out in the orbits.		
	amount to the first	
marker wo Edagated Ma. 2121	SISO-01-818	- 06
	The partie Marke the	
- x8 _ /x/26	Ex 1/25/21 1 /8/11	71
	STATE STATE OF THE	
Torrest Contract of	sematak ying ta 1001-11-01	To the state of th
	Sport mentions 2003	and the Secretary

BA 1407 Old Eastern Ave MC

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

muzdzinski

Funeral

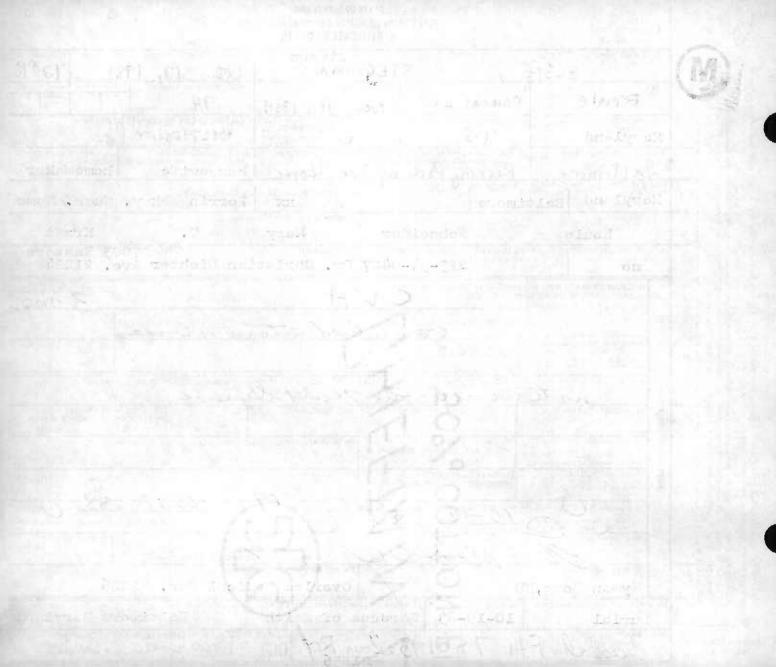
STATE OF MARYLAND

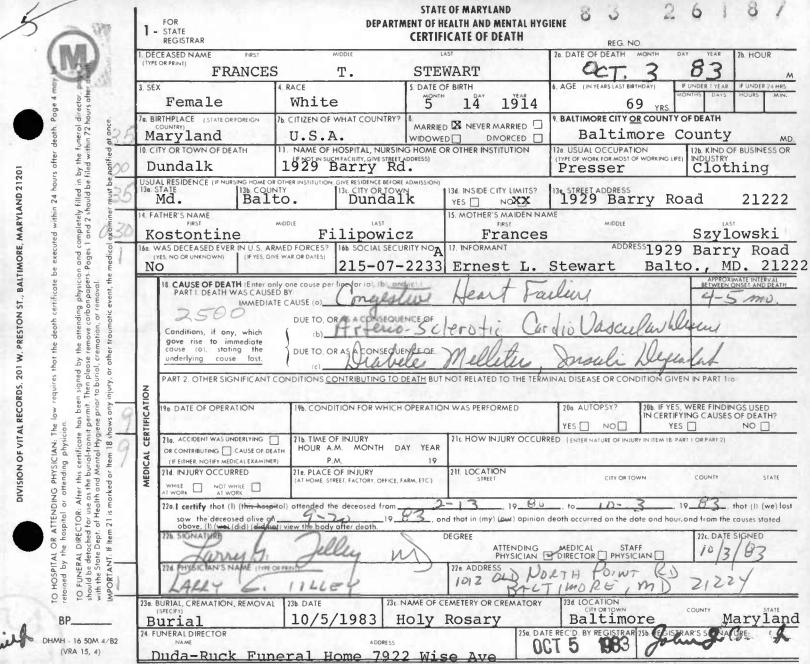
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

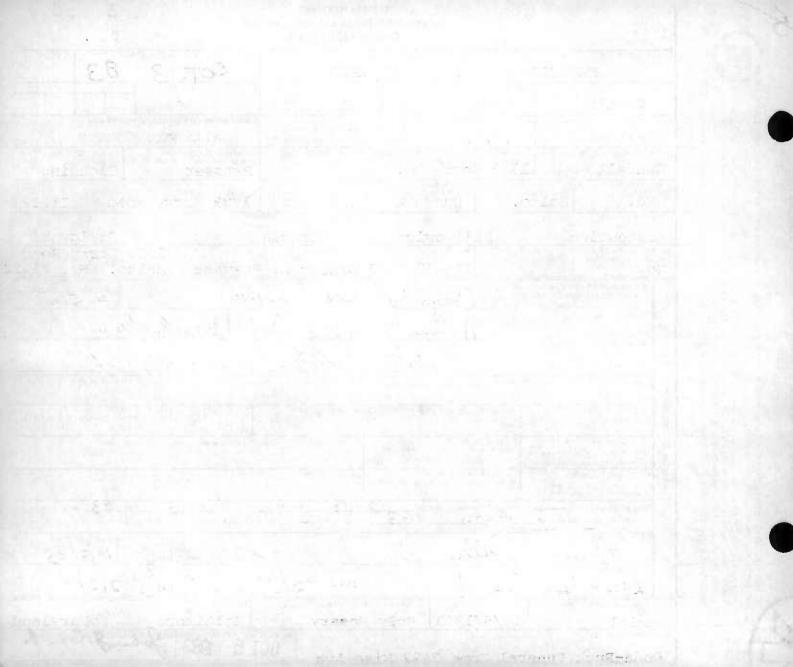
TORK CO.		56	
	HIS IS NOT	5027	
			See New York
THE WALL OF THE COLOR		in attaches	The street
Commence of the second of			mister (
		· -No. 4	etvo
Scene , see See	Land to the	2 4.00	0
		ZA-PINE	4
		the market	
TO 12 1		M. Jan	
. E	tacasi IIII vEc	E9(as)ag	I-tyel
more the private	As (STURE NO GEOM CAN	fil v Han Degra -

(VRA 15, 4)

STATE OF MARYLAND







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH 2b. HOUR 9. 1983 October

Mr. Maurice Brosius Stinchcomb 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 19, 1901 Male White Sept. 9. BALTIMORE CITY OR COUNTY OF DEATH

TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? Maryland U.S.A.

MARRIED NEVER MARRIED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Baltimore County 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OF

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3801 Schnaper Drive Randallstown Apt. 130 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY

13d INSIDE CITY LIMITS? Randallstown NO [C]

21133 13e STREET ADDRESS / ZIP CODE 3801 Schnaper Drive Apt. 130 15 MOTHER'S MAIDEN NAME

IF UNDER 1 YEAR

INDUSTRY

Produce

IF UNDER 24 HRS

14 FATHER'S NAME

CERTIFICATION

FOR

- STATE

REGISTRAR J. DECEASED NAME

10 CITY OR TOWN OF DEATH

William T. Stinchcomb

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

IMMEDIATE CAUSE (a

Baltimore

Helena 17 INFORMANT

Mr. Donald Warne Stinchcomb

16b. SOCIAL SECURITY NO. No

PART I. DEATH WAS CAUSED BY.

216-32-7252

7201 Rockridge Road Baltimore, MD. 21207 musicardeal infarction

Self Emp

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

O. Tur 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

71h. TIME OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OF TOWN

70a AUTOPSY?

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

HOUR A.M. MONTH DAY YEAR P.M 19 21s PLACE OF INJURY

211 LOCATION

22a. I certify that (1) (the Kololia) attended the deceased from

___, and that in (my) (ax) opinion death occurred on the date and hour and from the causes stated

STATE

rule so

DEGREE M.D.

ATTENDING MEDICAL DIRECTOR PHYSICIAN 10/10/83

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

Burial

22e. ADDRESS

9017 Liberty Road Randallstown, MD.

_		DI.	0	JIII	Da	T.I.	$e \iota$
3a.	BURIAL,	CREMATK	N, I	REMOV	AL	23b.	DAT

Lake View Mem. Park 10-12-83

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Sykesville

Carroll

20b. IF YES, WERE FINDINGS USED

COUNTY

24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

Loring Byers Funeral Directors, Into DATE RECD. 8728 Liberty Road Randallstown, Maryland 21133

the p

lol Hygi

8

0

MPORTANT

my contint injurition where part attended to several grand of FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b. HOUR STURGILL.SR. 6. AGE | IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR XXXX 10° XXX " 1931 51 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 17b. KIND OF BUSINESS OF ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Auto Mechanic N. CHARLES STREE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 911 Honeywood Place 15 MOTHER'S MAIDEN NAME FIRST Keatley 17 INFORMANT Mrs. Marlene Sturgill Same as #13. END STAGE LIVER DISEASE (HEPATO- RENAL SYNDROME) CIRRHOSIS OF THE LIVER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE and that in (aur) apinian death accurred an the date and havr and fram the causes stated 22c. DATE SIGNED 10/16/83 MEDICAL PHYSICIAN T DIRECTOR PHYSICIAN 22e ADDRESS GBMC-6701 N. CHARLES STREET 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Evergreen Mem. Gardens Finksburg, Maryland ADDRESS 1050 York Road

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

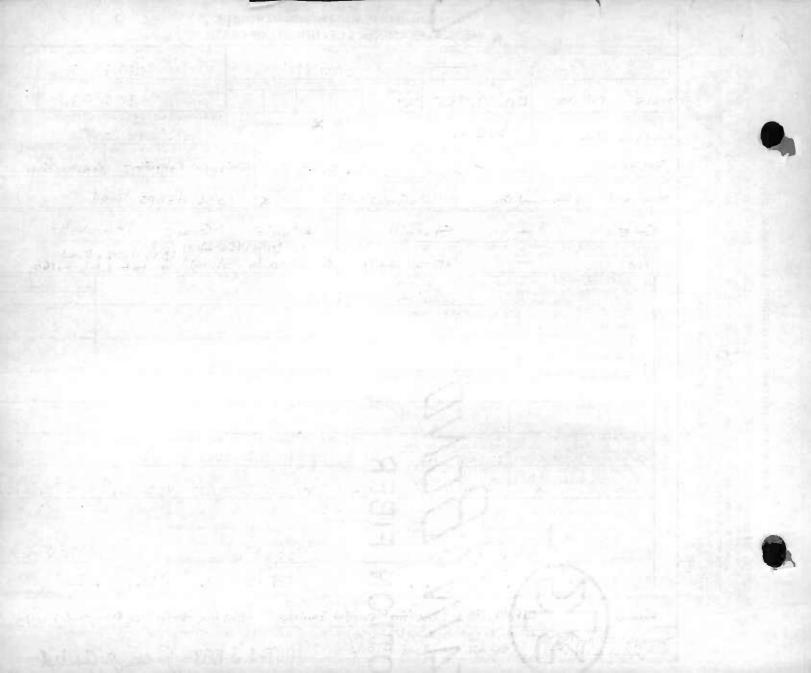
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

A.U.C althought Stell olomben claumis region in the first - 14 to move of Harrison III to meet some to be bringer Address of the said - Illno . Als as a finite that the second of the sec

Eding a collect of the second of the second

Harlol McL. 19, 1935 Shart Mean Co. Gothend Effections; Herriand Mari Torson Small State Hone Harlons Harlons

1/4			FOR			DEPARTA	STATE		ARYLAN		YGIÉNI	14	2	6	19	0
18	1		STATE REGISTRAR				XAMINE				43	-	REG. NO			
14		1. DE	CEASED NAME E OR PRINT)			MIDDLE LAST 20. DATE KNOWN X						MONTH	DAY YEAR	2b. HOUR		
	A STATE			Michae					urgil			DEATH MA	ATED U	10/10	0/839 DAY YEAR	M
		3. SEX	ME	4. RACE	5. DATE OF BIRTH	YEAR	LAST BIRTHDAY			HOURS		RONOUNCE DEAD	D		0/83,	6:03 A M
	33.3	7a. B1	RTHPLACE (5)	TATE OR	76 CITIZEN OF WI		TRY? 8	MADDIE	NOT NE	VER MARRI	ED []	. BALTIMOR	E CITY O		Y OF DEATH	
1	25 5 8 V	110	with Correl	puil.	U.S. A	to	,	WIDOWE	FF	DIVORCE		Balt	timor	e Co	unty	MD.
	PAGE STREET		TY OR TOWN		11. NAME OF HOS LIF NOT IN SUCH FA 1-95 NOT	CILITY, GIVE ST	REET ADDRESS)				E 00 44	AL OCCUPAT OST OF WORKING	* 1 (EE)		OR INDUST	TRY
	F AND 3 TO SPOULD BE SPOULD BE RECORD SECOND	13a. S	TATE CONTINUE	N36 COUN	OR OTHER INSTITUTION GI	VE RESIDENCE E		1)				ET ADDRESS			10,211	60
ç	E-SOUN		ATHER'S NAME						IS. MOTHE	ER'S MAIDE	N NAME	MIDDL				
	100 72 111		GIEN		MIDDLE		11:67		W	NHIE		GLACI	=	Bu	-ChEH	
	A 24 HOURS AFTER DE A 124 HOURS AFTER DE A 175 HOURS WITH FORM A 17 PERMIT. PAGES TO PREMIT. PREMIT. PREMIT. PREMIT. PREMIT. PREMIT. PRISON COVAL.	Ióa. V	VAS DECEASEI ES, NO, OR UNKNO HO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		4-329	NO.	MYS.	greng NanMit	6 CT	-5889 hurgill	ADDRESS 1336 White	HEAP!	s Road Md, 211	40
	OURS DURS 18. C WIT. P		18 CAUSE O	F DEATH (Enter on	ly one couse per line									De la	APPROXIMA BETWEEN ONS	TE INTERVAL
	ON STEM ON STEM ON STEN		212		TE CAUSE (o)		io-cere		trau	ıma	_					-
	PRESION ST ITHIN 24 HOX CIL IN ITEM 11 NER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	7	Condition	ns, if ony, which		AS A CON	SEQUENCE OF									
	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU TING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG VES HOULD BE USED AS A BURIAL - TRANSIT PERMIT DEPRATMENT OF HEALTH AND MENTAL HYGIEFE, IT PRORT OF BURIAL AND MENTAL HYGIEFE, IT PRORT OF BURIAL AND MENTAL HYGIEFE, IT PRORT OF BURIAL CREMATION, OR REMOVAL.			se to immediate) stating the <u>under-</u> use lost.		AS A CON	SEQUENCE OF									
1	KECUT IG" IP IG" IP AND ATIOI		PART 2 OTNER 50	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	ED TO THE TERMIN.	AL DISEASE (DR CONDITIO	N GIVEN IN PAR	RT I (a).					
Č	BE E NOIN NOIN NOIN NOIN NOIN NOIN NOIN N	Z O														
	SHOULD BE EXE SHOULD BE EXE ORD "PENDING CHIEF MEDICAL E USED AS A BU T OF HEALTH AN URIAL, CREMAT	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR V	WHICH OPERA	TION WA	S PERFOR	MED?					20 AUTOPSY	
	SE CENTRAL	E	21- EVTERNIA	AL CAUSE WAS	21b. TIME O	INT ILLIDY		T21. 140	A/ ANTILIDO	OCCUPPE	D	ATURE OF INJURY		.07.1.00.016	YES K	NO 🗆
	DIVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" RRED TO THE CHIEF MEDICAL JE 3 SHOULD BE USED AS A BUR EDEPARTMENT OF HEATTH AND COLPROR TO BURIAL, CREMATIC		UNDERLYING	G CAUSE OF	HOUR A.M	x 10	DAY YEAR /10/83	dr	iver			uto im		ART OR PAR	(12)	
	VISI CERT TING 3 S.F. DEP	MEDICAL	216 INJURY	OCCURRED	21e PLACE	OF INJURY	(AT HOME,	21f LOC				CITY OR TOWN		cou	INTY	STATE
	THIS CI E, WRITIN PAGE 3 TATE D	1	AT WORK	NOT WHILE	h	ighwa	У	1-95	Nort	th of	King	Ave o	verpa	ass,R	osedale	,Balto
	DIVIS NER: THIS CER CATE, WRITIN FORWARDED FOR: PAGE 3 S THE TATE DEP	1			ge of the remains de		access.	Autopsy	_^`	Inspection		Inquiry		d in my op	Co., Mo	
10	AAM REC REC	1	death result	ed from Noti	ral couses	Accident	AA. Suici	de 🔲.	Hamic YIYLE /C	PECIFY)	Undete	rmined manne	nr L			
	A A DICE		ACTUAL SIGNATURE,	X)	Mar	DA		M.		istant	MEDI	CAL EXAMINE	ER	DATE	_D 10/1	0/83
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH BALTIMORE, AREN DE		EXAMINER'S (TYPE OR PRI	NAME An	n M. Dixo	n, M.	D.	A	DDRESS_	111 F	enn	St., B	alto.	., Md	.21201	100
		23a B		TION, REMOVAL	236. DATE Oct 12, 198		Air- ME	TERY OR	CREMATO		23d LO	CATION PRIOWN HATE	-Ford C	COUNT	myland 21	STATE
	BP			TOR FOSTE	- W. Bron	WPM SE				250. DATE F	REC'D BY	DECISTRADI	75h REGIS	STRAR'S S	IGNATURE	¥1.7
							Aud 210	31.)				REGISTRAR	140. 112010	31117111 3 3	TOT TOTAL	



X	5	1		FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH STATE OF MARYLAND REG. NO. 2619									
a) P)	me	ľ		EASED NAME OR PRINT)	Erma	G_{\bullet}	MIDDLE	Subock	AST	2	DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
ý.	5 6m 3	16									10 3	83		5:00 a ,	
4 4 E			. SEX	Female		4. RACE Whi	te	S. DATE O	DAY Y	EAR	6. AGE IN YEARS LAST BIRTHDAY) 16 UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN				
oth. 9	72.00	5	70. BIRTHPLACE STATE OR FOREIGN COUNTRY)			76. CITIZEN OF WHAT COUNTRY? 8. MARRIED \square NEVER WIDOWED \square				IED '	_	CITY OR COUNTY OF DEATH			
o) s after de	by the funiled withir	1	0 CI	lary Land ITY OR TOWN OF DEATH Indalls town		11. NAME OF HOSPITAL, NURSING HOME IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Meridian Nursing HOT		SING HOME (OR OTHER INSTITUTION		Baltimore County 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOME Maker HOME Maker				
AND 212	filled in nould be f	5	J5UA 13a. S	L RESIDENCE (# NUR	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)	134 INSIDE CITY LIA		3933 Cart		ad 2	21133	
MARYL,	and 2 sh	30	4 FA	THER'S NAME FIRST Frank	٨	widdie Kalb	tast		15 MOTHER'S MAII FIRST Emma		WIDDIE	Weaver	LAS	51	
IMORE,	Poges T			AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	213-42				arshall ^A RE et Glen Bi		1D. 21	1061 UMATE INTERVAL ONSET AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician.	signed by the attending phys Then please remove carbonpop to burial, cremotion, ar remove njury, ar other troumatic event,		NO	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)											
AL RECOR	sit permit. I giene priar shows any il	2	CERTIFICATION	19a DATE OF OPER		19b. CONDITION FOR WHICH OPERATION									
NOF VIT	rial-tran		MEDICAL CE	210. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	TH HOUR A	M. MONTH M.	DAY YEAR		OCCURRE	O (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2]		
NG PHY	frer this as the but hand M		MED	21d. INJURY OCCUP WHILE NOTW AT WORK NOT W	HILE		OF INJURY REET, FACTORY, OFF	CE FARM, ETC)	211 LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE	
ATTENDIE	I for use of Health			27n.1 certify that saw the decea above, (Deve)	beid (Mivel cer.	tal) attagged the		\$3.00	nd that in (my) (our)	opinion de	to 10/2 ath occurred on the d	ote and hour a	nd from the	that (I) (we) lost couses stated	
AL OR the ha	AL DIRE			THE SIGNATURE	260	1				IDING ICIAN []	MEDICAL STA		22c. DATE	SIGNED /	
O HOSPIT	should be de with the Stat			22d PHYSIC ANS I	MANE PITE CO	PPRP4T)			22e. ADDRESS			15.0			
₽ ₽ BP.	¥		- 1	URIAL, CREMATION SPECIFY Buria	Z	23b. DATE 105	-83	Mount	Olive Cem	netery	23d. LOCATION Randalls	stown 5	Balto.	. MĎ .	
	16 50M 4/83 A 15, 4)		87	NERAL DIRECTOF. 28 Libert	oring u Road	Byers F Rando	uneral	Directo	ors, Inc.	OCT	4 - 1983	25 REGISTRA	R'S SIGNAT	TURE LILL	

	1.	FOR - STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	GIENE 8 3	2 6	1 9 2
y be oge 3		CEASED NAME FIRST	is G	DLOIE	5	UGAR	26. DATE OF DEATH	MONTH DAY	183 9:11 A. M
oge 4 moy	-	FEMALE	RACE WHITE		SEPT	F BIRTH . 9, DAY 1888 EAR	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
deoth. Po		RUSSIA	US		WIDOWE	DEVER MARRIED DEVELOPMENT		RE COUNTY	
urs often	1	PIKESVILLE	"PIKES	VILLE "NU	RSING	ROTHER INSTITUTION CENTER	120 USUAL OCCUPATION THOUSEWIFE		KIND OF BUSINESS OR LET RHOME
filled by the fi	130.	AL RESIDENCE (IF NURSING HOME OF STATE MARYLAND	NTY	BALTIM	ORE	13d. INSIDE CITY LIMITS? YES NO	3501 ST. P	AUL ST.	#21218
omplete		ATHER'S NAME ABRAHAM		BERENSONS		15. MOTHER'S MAIDEN NA	WIDDLE	-	IKNÓWN
be exection and of rs. Pages	160	NAS DECEASED EVER IN U.S. AR YE NO OR UNKNOWN) (IF YES. GIV	RMED FORCES? VE WAR OR DATES)	216-07-6		17. INFORMANT MR 6716 CHOKEBE	RS. LILLIAN B	ALTO. MD	21209
DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician and completely filled in both the buriol-transit permit. Then please remove carbon papers. Pages and a mental trigitene prior to buriol, cremation, or removal. In and Member 18 sees with injury, or other traumatic event, the medical was recovered.		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse (o), stoting the	DUE TO, OR	AS A CONSEQUE	NCE OF	tu feart	D) years	_ 86	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH 20 YEAR
w requires that the been signed by the please ratio to the please ratio to the please ratio to the please ratio that injury, or other please ratio that inju	ATION	PART 2. OTHER SIGNIFICANT OF THE PROPERTY OF T	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF YES, WERE	FINDINGS USED
SICIAN: The long physicion. certificate, hos riol-tronsit per rimitingiene premiutingiene premiu	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUS	YES 🗌	AUSES OF DEATH? NO ART 2)
DIVISION PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITYORTO	vn cou	
R ATTEND hospifel of RECTOR: RECTOR: pt. of Hea pt. of Hea		220.1 certify that (II) this hospi saw the deceased alive on above, (I) we) (did vidid no 22b. SIGNATURE		01.		d that in (my) (our) apinion	death occurred on the do		om the couses stated . DATE SIGNED
HOSPITAL OF		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	Oles,	m	ATTENDING	ARDICAL STAF	F A	er21,198
TO HOSPITA retoined by TO FUNERA should be d with the Sto IMPORTANI	23a I	HOBERS BURIAL, CREMATION REMOVAL (SPECIFY) BURIAL	OCT.23,	23¢ N	IAME OF C	MEDICA:	L HETS L	106.	
BP DHMH - 16 50M 4/82				1983 MI N & BROS.		ODESH-BETH IS	RAEL "BALTIM" E REC'D. BY REGISTRAR		MARYLAND IGNATURE
(VRA 15, 4)		6010 REISTERST		VOOKESS			r 2 7 1983	July 2	Carried

EUNIE COLONE SUEAE 8000 ER 21 193 9 119 THE LIKE HE SEED LEADE THE RESIDENCE WATER A SECURITION OF THE PERSON OF THE PERS The state of the state of

			matte mile		
time2					
	20 5 E 30	Dir 20	District		July Street
121,301	13861 1881		e II va te o	N constilla	
I.T.	'g o staltet 10	a = 1			
80	XX5 8				
			102		
	State of the state		Chy 534		

produce yourself when the news

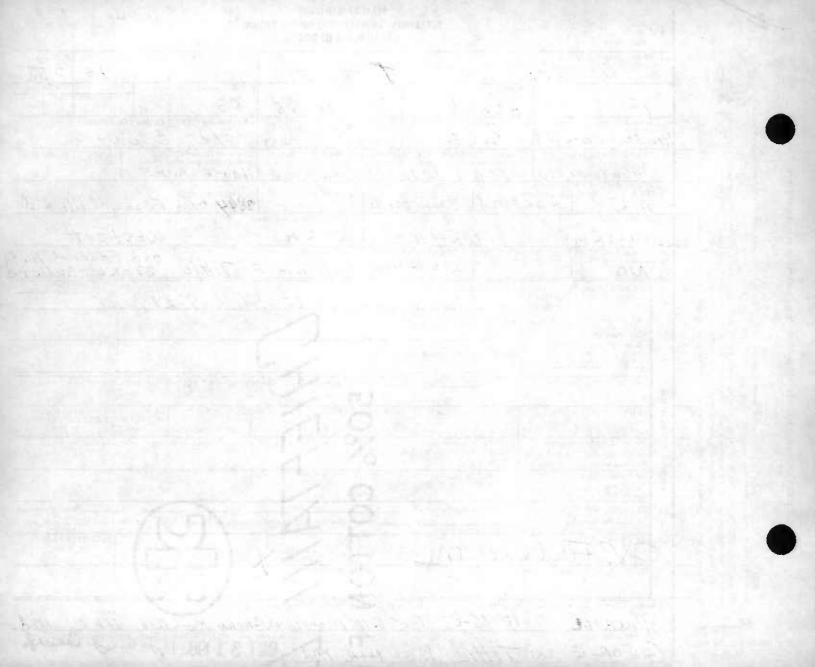
WALTER BROOKS BRADLEY, INC. DUNDALK, MD. 21222

(VRA 15, 4)

STATE OF MARYLAND

The state of the s STATE OF THE STATE Then ... T

The state of the s the property of the property o



(VRA 15, 4)

STATE OF MARYLAND

Constant Complete Com meet the summer specific x - the first on the manual because Elimination of the control of the co the content of the co

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Cus	0	6	1 m

Sister Mary Martha Todd O.S.P. 10 2= 83 10 10 13 15 15 15 15 15 16 16 16	Γ.	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.		
SEX SEALE OF BRITH SEALE SEALE SEALE OF BRITH SEALE S		F OR PRINT)		odd	O S P		MONTH D		26 HOUR
1. STATE NOTICE NOT WHICH COUNTY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIZE NOT STATE NOT S					OF BIRTH		N		IF UNDER 24 H
Baltimore Such actually of With Providence Convent Teacher Retire Noustry Retire Noustry Retire Noustry Retire Noustry Retire Noustry Retire Retire Noustry Retire Retire Retire Noustry Retire	C	Kansas	U.S.A.	MARRIE	D DIVORCED	Baltimo	rcounty re Cou	unty	
130. STATE 136. COUNTY 1	Ba	altimore	Our Lady of Mt	• Prov		(TYPE OF WORK FOR MOST O	F WORKING LIFE	E) INDUSTRY	
NO 219-54-3551 Sister M. Paul Lee - 701 Gun Rouse of the for (a), (b), and (c) PART 1.0 BATH Enter only one couse per line for (a), (b), and (c) PART 1.0 BATH MAS CAUSE BY MASS CAUSE BY DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost of immediate couse io), stoling the underlying couse lost of the following couse couse of the following couse couse of the following couse of the following couse of the following couse couse couse of the following couse couse couse of the following couse couse couse of the following couse couse of the following couse co	130. S Ma 14. FA	STATE 136 COL STYLAND BAL ATHER'S NAME FIRST	HIST HIST HIST CAST	more	YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME	701 GIII	n Roa	ıd	
PART I. DEATH WAS CAUSE OB: WIMMEDIATE CAUSE IO WILLIAM WILLIAM		YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		100
OR CONTRIBUTING CAUSE OF DEATH CITY OR TOWN COUNTY COUNTY COUNTY COUNTY OR CONTRIBUTING CAUSE OF DEATH OR COUNTY OR COUNTY CO	ATION	PART 2, OTHER SIGNIFICANT	NSION						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22o.1 certify that (I) (this haspital) ottended the deceased fram 3	ERTIFIC					YES NO	IN CERTIF	YING CAUSES	
220. I certify that (I) (this haspital) ottended the deceased fram 3 - 4 1982 to 10 - 10 - 10 - 1983 that (I saw the deceased olive an obove, (I) (we) (did not) view the bady offer death. 22b. SIGNATURE 22c. DATE SIGNE 22c.		OR CONTRIBUTING CAUSE OF D {IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH (FR) P.M.			CENTER NATURE OF INJU	CT IN HEM 18, PA	ART I OR PART 2)	W.
saw the deceased olive an obove, (1) (we) (did) (did nat) view the bady offer deoth. 22b. SIGNATURE 22c. DATE SIGNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNE 2	MEI			, FARM, ETC.)		CITY OR TOV	VN	COUNTY	STATE
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN		saw the deceased olive obove, (1) (we) (did) (did) 22b. SIGNATURE	Cara M	8-3_, or	d that in (my) (our) apinian of DEGREE ATTENDING PHYSICIAN B	MEDICAL STAI	FF TIAN [22c. DATE	SIGNED
I (SPECRYTED T A T CITY OR TOWN COUNTY	230 F	SAMBANDAN	1 BASKARAN	NAME OF C			E, BI	ALTIM MO 21	22-9
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAP 456. REGISTRAR'S SIGNATURE	(SPEBURIAL			thedral Cem	Baltimo	re,		Md

North Avenue

DHMH - 16 50M 1/76 (VR A 15 (4))

March F/H INc. 1101 E

BP.

11 11 THE AND LINE TO A CONTRACT OF THE PARTY OF T STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

AL SE WAYSHEET SULLANDER

MOIE NOW

Mosch F. D

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Lead of Santagor A SECULAR DE CALIFORNIA DE LA PROPERTIE DE LA within 24 hours off

deoth certificate be executed

PHYSICIAN: The low requires that the

O HOSPITAL OR ATTENDING etoined by the hospital STATE OF MARYLAND

	217	11 01 11	PART I P.	dian		J
DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE	-
- (TOT	IEIC AT	OF	EATH		

jB	1.	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. NO).		
		CEASED NAME OR PRINT)	FIRST Margar		MIDDLE TE	RESS	AST	October 14		AY YEAR	26 HOUR
	3. SE:		ria i yai	4. RACE	<u> </u>	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BIRT		F UNDER I YEAR	IF UNDER 24 HRS
		Female		White		Febr	uary°14, 1910	73	YRS.	ONTHS DAYS	HOURS MIN
35		RTHPLACE (STATE OF	nd	76 CITIZEN OF USA	WHAT COUNTRY	? 8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore city o	_		M
57		ssville 2			HOSPITAL, NURSI CHEACILITY, GIVE STREE CLIN Squa		spital	120 USUAL OCCUPATE The of work for most of the control of the con	ON WORKING LIFE	126. KIND O INDUSTRY	GO.
35		AL RESIDENCE IN MUI STATE Md.	136_COUN	OTHER INSTITUTION NTY	HAC CITY OR TON		13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 4604 Bucks	ZIP CODE Schoo		21237 e Rd.
30	14. F.A	Joseph		WIDDLE	Gray		IS MOTHER'S MAIDEN NA. Elizaber			Feller	ī
		VAS DECEASED EVEL		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS		
	-	NO	JAP YES, GIV	E WAR OR DATES	215 01 8	3398	Whitford Tre	ess (Son)	Sa	me	
	NOI		mediate ng the e lost.	(b)	R AS A CONSEQUENT ON TRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM	humeru Inal disease or conf		N IN PART 110	0.
2	ERTIFICATION	19a DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY?		WERE FINDING CAUSES	
9	EDICAL CER	210. ACCIDENT WAS UP OR CONTRIBUTING [] (IF EITHER, NOTIFY MED	CAUSE OF DEA	e) P.	M. MONTH [M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT 1 OR PART 2}	
	MED	21d. INJURY OCCUP	HILE	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE		21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
-		sow the deceo	sed olive on	October	14 19	83	er 10 , 19 83 and that in (\$\infty\$ (our) opinion	deoth occurred on the do	te and hour		that Th (we) los couses stated
4		226. SIGNATURE	i X	ause	ander	m 7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		10 /	4/83
		22d PHYSICIAN'S N	IAME ITYPE C	OR PRINT)	/		22e ADDRESS				1.4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 13e. BURIAL EXEMATION, REMOVAL

23b. DATE

234 NAME OF CEMETERY OR CREMATORY
Gardens of Faith Cen

ATORY 23d LOCATION
Cemetery Baltimore

County, Md.

DHMH - 16 50M 4/83 (VRA 15, 4)



المنافق المناف on the control of the control of the control of the cotton As a tike to make the same and the same a alabar a la avantafat d THE COLUMN THE STATE OF THE STA Single (not) seems most than second 25

To the state of th

Augustaneld Comment of the Comment o

deoth. Poge 4 moy be

/	FOR 1 - STATE REGISTRAR		DEPARTA		ISALTH AND MENTAL HYG	IENE S REG. NO.	lin O	··· 0 0
	1. DECEASED NAME FIRST		MIDDLE	1	IAST	20. DATE OF DEATH MON	TH DAY YE	AR 2b. HOUR
	(TYPE OR PRINT) Sara	h E	•	TF	RIMBLE	October 2,	1983	11:00A M
	3. SEX	4. RACE		5. DATE (6. AGE (IN YEARS LAST BIRTHDAY		YEAR IF UNDER 24 HRS
	Female	Wh	ite	Ju.	ly 3, 1890	93	YRS.	
5	To. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF	what country?	8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City or Co		MD.
1	Rossville	(IF NOT IN SUC Fran	klin Sque	are Ho	ospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Housewife		IND OF BUSINESS OR STRY
5	USUAL RESIDENCE (IF NURSING HOME OR 130, STATE 130, COUN Maryland	OTHER INSTITUTION, ITY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	YES 🔼 NO 🗌	13e. STREET ADDRESS 4311 Franki	ford Ave	. 21206
1	14. FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST
1	Griffith		Price		Elizab		She	ppard
71	160. WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
4	No No	E WAR ON DATES	216-09-	1907A	Mildred O. S	Strader 8658	Oak Ave	. 21234
	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OI	r as a conse q ue	NCE OF	tomach With Ab		ON GIVEN IN PA	RT lio
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN	b. IF YES, WERE FI CERTIFYING CAI YES [INDINGS USED USES OF DEATH? NO
2		1114	M. MONTH DA		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN I	ITEM 18 PART 1 OR PAR	RT 2)
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE	OF INJURY	19	211. LOCATION	CITY OR TOWN	COUNT	TY STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STE	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CHYORIOWN	COUNT	14 STATE
	220 I certify that (If this hospi saw the deceased alive on above III (we) (did) (did)	OC TODE	e deceased from	0.0	einber 20 _{, 19} 83 nd that in (X y) (our) apinion o	, 10	nd hour and from	, morth (we) lost
	22b. SIGNATURE	Well	1	— A.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		10/2/83
	22d, PHYSICIAN'S LAME (TYPE	LLA	rey Wall		1	din Square Di	rive 21	237
	230. BURIAL, CREMATION, REMOVAL	23b. DATE	1983		EMETERY OR CREMATORY	123d LOCATION Baltimore	COUNTY	/arvland**

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbompape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Item 21 is marked or Item-18 shows

24 FUNERAL DIRECTOR
NAME
Leonard J. Ruck, Inc.

Baltimore, Maryland



								MARYLAN		and a		2 6	2 0	and the
	1-	FOR STATE REGISTRAR				EXAMIN				F DEATH	0.0	110		
	1. DE	EASED NAME	FIRST		MIDDLE			LAST			REG.		DAY YEAR	In Hade
	(TYP	E OR PRINT)	1EY	MARGARET						OF		250	hers on	98
	3. SEX			5. DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER 2			мрин	DAY YEAR	2d, HOUR
		F	W		29	9 7 3		HS DAYS	HOURS	MIN. PRONC	AN ET	ober	3 1982	9PM
in	7a. BI	RTHPLACE (STATE O		7b. CITIZEN OF WE		ITRY?	8 MARR	IED NE	VER MARRIE			OR COUNT	Y OF DEATH	
L		Ireland		USA				VED 🔯	DIVORCE	ם ם	ltimore			MD.
8		TOWSON	J	11. NAME OF HOS		TREET ADDRESS)	SP I		TION	FOR MOST OF V Homema	VORKING LIFE	TYPE OF WORK	OR INDUS	USINESS TRY
1	USUA 13a. S	L RESIDENCE (IF IN	13b COUNT	OTHER INSTITUTION, GI	E MESIDEIACE	OR TOWN	ON)	13d INSIDE C	ITY LIMITS?	13e STREET ADI	DRESS		7	1204
2		MD	BA	LTIMORE				YES 🗌	NO		6 DON	INGTO	ON CIR	-04
1	14. FA	THER'S NAME FIRST	D.o.	MIDDLE CK	Finn	LAST		15. MOTHE	R'S MAIDEN		MIDDLE		LAST	111
_	160 W	'AS DECEASED EV			100	LIAL SECURIT	Y NO	17. INFORA	MANT	Bridge	ADDRE			
		S, NO, OR UNKNOWN]	(IF YES, GIVE W			70 17				iah Two			esham A	ve.
		18 CAUSE OF DE	ATH (Enter only WAS CAUSED	y one cause per lam	for jal, lb	and (G)	-		0	0			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		111	IMMEDIATE	E CAUSE (a)	190	per	el	ery	ce	uga	/		Sud	den
OR REMOVAL		Conditions, i	f anv. which	DU510, OH	BACO	SEQUENCE	OF	AZ		1	1. 1	-00+	-0	11
MENIAL N, OR RE		gave rise t	a immediate	DUE TO, OR	AS A COA	SECULENCE !	or	182 CHE	-	The said H	cule	MI	- Dec	den
AL, CKEMAIION, C		lying couse lo		DOE TO, OR	0	SEQUENCE	1	2	11	\$150	UL		512	u-
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	IINAL OISEA	E OK CONDITION	N GIVEN IN PART	[] (a).			1	
2	CERTIFICATION	19a DATE OF OPE	RATION	TISK CONDU	ION FOR	WHICH OPER	PATIONIV	/AC DEDECO	MED2				20 AUTOPS	12
F	FIC			170. CONON	ONTOK	WITHCIT OF ER	AHOIV	A J L EKT OK					YES 🗆	NO DK
7	ERT	210 EXTERNAL CA	_	216 TIME OF	INJURY		21c H	OW INJURY	OCCURRED) (ENTER NATURE O	F INJURY IN ITEM	18 PART 1 OR PAR		NO LA
2	1 ×	UNDERLYING CONTRIBUTING			. MONTH	DAY YEAR	۲							
	MEDICAL	21d. INJURY OCCU	JRRED	21e PLACE C STREET, FACT				CATION		CITY OF	TOWN	501	UNTY	STATE
	5	WHILE AT WORK AT	WORK -	JIKEET, TACE	OKT, FARM, E	10)		SIRCEI		CITY OR	TOWN		UNIT	SIAIE
				of the remains de	Uberl Olio	ove, held an	Autor	osy ,	Inspection	. Inqu	ıry 🔲.	and in my ap	inian	
		death resulted for	Noturo	al causes	Acciden	. su	icide	, Hamic	ide .	Undetermined	manner],	- 1	1
MAKTIAND,		ACTUAL &	2/10	0 17	2	1	11	TITLE	PERIFY)	_		DATE	101	100
1	/	SIGNATURE	nai	Ros It	-	10 ms	illy	(.D	pury	MEDICAL EX	AMINER	SIGNE	D / 5,	183
1		EXAMINER'S NAA	AE					ADDRESS_		100			11	748
;	(5	JRIAL, CREMATION				NAME OF CE		OR CREMATO		23d. LOCATION	timore	, Md.	vity	STATE
		Cremation		10/6/83	GI	ceen Mo	unt			Dal EC'D. BY REGIST				
		NAME		LD HOME,	TNC	6500	York		OCT	1 1 1983	Jan Land	an 2	Course	1
(5))	11	~ 1 OUT TITI_A	اناتلانامست	in morning	TITO.	0300	TOTI	. Leve 9	001	- 1 200	No		1. 10	

TERMONEY YEROWT 77 01 27 TVITASOM MASSON 13 x lote contineten cik - " 19 OANT T. 14 E - - - Car to love the committee of the state LEAST A THE STATE OF THE WAY OF THE STATE OF

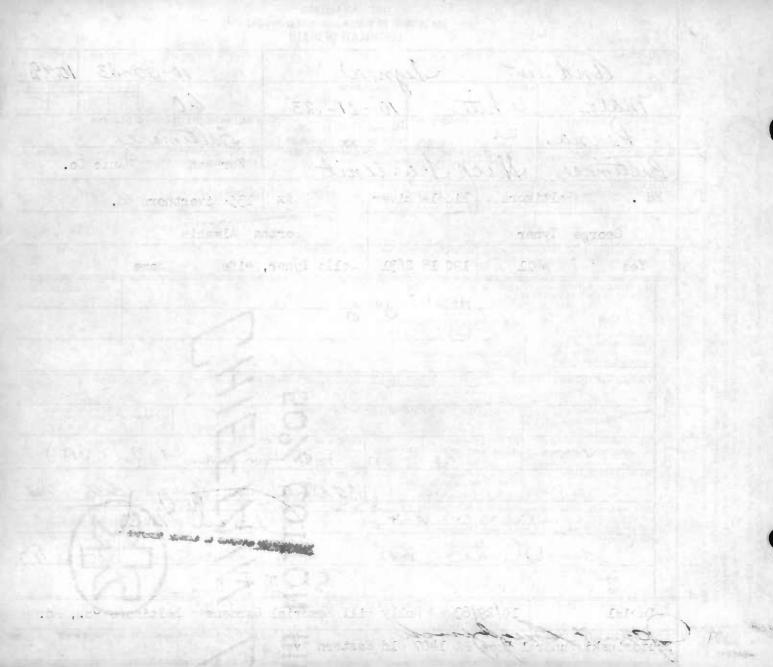
~		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 3 2	6 2 0 3
	-	STATE REGISTRAR		CERTIFICATE OF DEATH	200 200	
		CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
	(TYPE	LAWRE	NEE E	TYLER	10-	3-83 730
	3. SE		BLACK	5. DATE OF BIRTH FEB. 194, 1892	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR UNDER 3 HE
11.			CITIZEN OF WHAT COUNTRY	100	9 BALTIMORE CITY OR COUNT	Y OF DEATH
135	n	1AryLAnd	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAltimor	^
ofified	10. CI	AUDA STOWN OF DEATH	LIE NOT IN SUCHE ACILITY, GIVE STREET		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	
9 4	TISH	AL PESIDENCE (IE NURSING HOME OR OL	BA (TO . CO.	Gea. HOSP.	Cook	KesTAUN
SC The set	13a. S	AL RESIDENCE (IF NURSING HOME OR OT TAJE 135 COUNTY	to Owings	WN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2705 Spvi	21117 na Hill Rd.
nine	14. FA	THER'S NAME	DDLE SLAST	15. MOTHER'S MAIDEN NA	ME	/
(8)	1	Robert	Tyler	EZ124) middle	Miles
ico		AS DECEASED EVER IN U.S. ARME		URITY NO. 17. INFORMANT	ADDRESS 7	05 Spring Hill
medical	(7	ES, NO OR UNKNOWN) (IF YES, GIVE V	218-12-	3544 Ida MAC	Tyler owing	11:-11 1.1-1
÷ ÷						APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ent,		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	no lett	L. 1-177	
94		IMMEDIATE	CAUSE (a) COVER	roma of the	any work	240as
roumotic		1541	DUE TO, OR AS A CONSEQU	JENCE OF	metastasi	. /
mno		Conditions, if ony, which	(b)	0		
tro		gave rise to immediate				
the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
or o			(c)			
7.	7	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT BELATED TO THE TERM	VINAL DISEASE OR CONDITION G	IVEN IN PART 10
inju	Š		arten osc	lendic to	east due	as
kuo 9	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YE	S, WERE FINDINGS USE
2 8 /	Ŧ					IFYING CAUSES OF DEATH?
N -5	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INTURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM 18	
8 G	- 1	OR CONTRIBUTING CAUSE OF DEATH		DAY YEAR	(ENTER NATIONE OF INJOHA IN TEM TO	PART OR PART 23
or Item	5	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
	MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	FARM ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ked	\$	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) SIREET	CIII OX IOWI	5141
mork				3-76-8	1 10-2	23
.5		220.1 certify that (1) (this hospital saw the deceased alive an	1) offended the deceased from	023	2, 10	, 19 that (I) (we)
121		abave, (1) (we) (did) (did nat)		and that in (my) (our) opinian	deoth accurred an the date and ho	ur and from the causes state
te H		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
No.		Same Of	0 400	ATTENDING	MEDICAL STAFF	10-3-8
Z-		22d. PHYSICIAN'S NAME ITYPE ORP	a Hone	PHYSICIAN [DIRECTOR PHYSICIAN	1000
ET /		PARTICIAN SNAME (TYPEORP	(11- A)	ADDRESS OF	270	1111
IMPORTANT:		DOON CHU	LL HOIV	of pattiners	2 Course Gou	eval Hospi
≦	23a. F	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	123d. LOCATION	
	- (SPGCIBY)	0 10000	71 1 11 1	Denostati	COUNT 11
-	-	BUVIAL	Oct. 5, 1783 3	st. Lukes Cem.	1/5815184510W	N DH(TO/ U
/B2	24. F.	INERAL DIRECTOR 1	HA D ADDRESS	1 1 1 250. DAT	F REC'D BY REGISTARY 25% REGIS	R. SIGNAINE
	N	- To Talehara	U CWING	s Wills Ludur	0 1950 January	Se commende

Thate Hardand His H ... Baltimore County California Barte Co Gran Hospital Containing words and the state of the stat END AND THE FOUND TO WAR ASSESSED. The state of the s

- STATE

(VRA 15, 4)

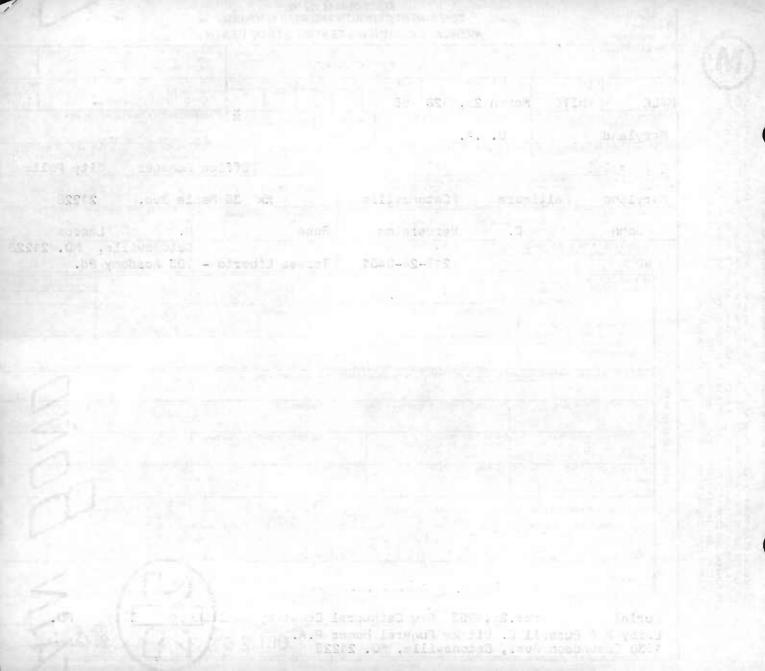
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



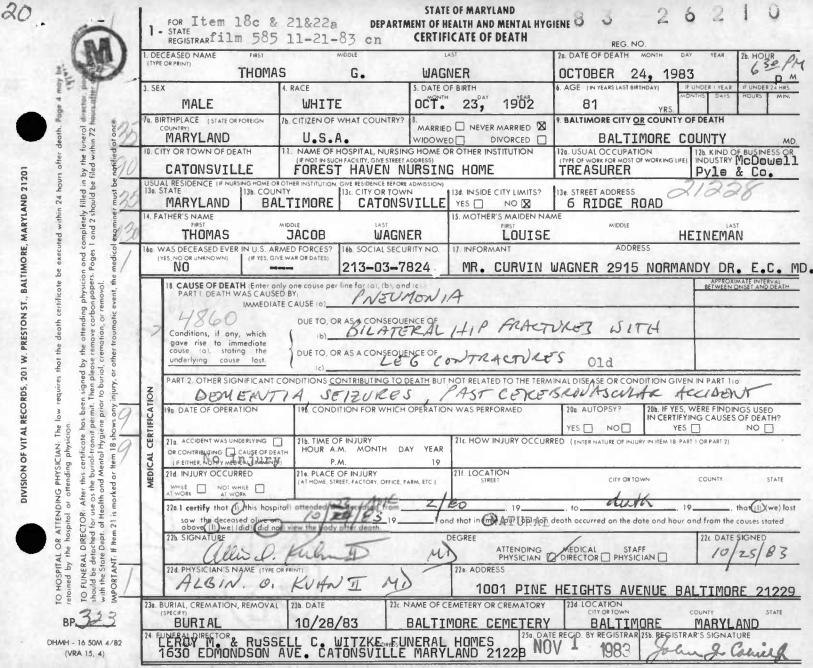
1 - STATE			PEPARTMENT OF	HEALTH		-	ATL	2 6	20	1
REGISTRAR 1. DECEASED NA/ (TYPE OR PRINT)	T I MOTI			VAN SC		TE OF DEA	20. DATE KNOW OF ESTI- DEATH MATE	-	1H DAY YEAR 0-23-83	26. HOUR
3. SEX Male		MONTH OF BIRTH	946 ST BIRTHE	EARS IF UNE	DER 1 YR. IF	DURS MIN.	PRONOUNCED DEAD		-23-83	3:454
7a BIRTHPLACE FAREIGN COUNTRY Canada	()	7.B. CITIZEN OF WH USA		WIDOWE	D 0	MARRIED [Baltimore C	re Cou	inty	MD
Perry Ho	ree	Béing hrunRid Newcut Ro	PITAL, NURSING HOM JUTY. OF STATE TO PEST	N. of	R INSTITUTIO	FOR	UAL OCCUPATION MOST OF WORKING LIFE Velder	Y (TYPE OF WOR	Ship B	TRY
Marylana Marylana		other lastitution; givi	Bel Air		13d. INSIDE CITY L YES 🕱 🗈	IMITS? 13e. STI	REET ADDRESS 3-D Redfi	eld Ro	oad 210	14
M. FATHER'S NAMER'S NAMER'S MILE			Van Scoyoc		15 MOTHER'S FIRST Eil 17 INFORMAN	MAIDEN NAM EEN	Margare		Leonari	d
(YES, NO, OR UNK)		AR OR DATES]	220-50-451				210 Trai			Md.
NO Lying c	o) stoting the <u>under</u> ouse lost. SIGNIFICANT CONDITIONS <u>CO</u>	(c)	AS A CONSEQUENCE		OR CONDITION GIV	/EN IN PART I (a).				
190. DATE C	DF OPERATION	196 CONDITI	ION FOR WHICH OPE	RATION WA	S PERFORME	D?			20 AUTOPS	
S CONTRIBU	NAL CAUSE WAS NG XX OR TING CAUSE OF DE		10-23-83	R pe	destria		NATURE OF INJURY IN IT	*	R PART 2)	
WHILE AT WORK	OCCURRED NOT WHILE AT WORK	STREET, FACTO	PRY, FARM, ETC.)	Bela	REET	.O.1 mi!	CITY OR TOWN		COUNTY	STATE
AT WORK	711 11 0111			Newc	ut_Road	10.1	Bal	to.Co.	,Marylar	
220 lce	rtify that I took charge ulted from: Natural		1.0	Autops	u <u>t</u> Roa c	spection , Unde	Inquiry .	ond in my	opinion	
220 1 ce	rtify that I took charge ulted from: Natural	o Apey		Autops:	Homicide TITLE (SPEC	spection Unde	Inquiry, termined monner	ond in my	,	
270 1 ce death resu ACTUAL SIGNATUR EXAMINER (TYPE OR P	rtify that I took charge plead from: Natural E S NAME Marg RINT) ATION, REMOVAL 238	arita A.	Korel I, M. D.	Autops; uicide ,,,,,,,,	Homicide TITLE (SPEC D. ASSIS: ADDRESS 1 CREMATORY	Japection Under Un	Inquiry Itermined monner DICAL EXAMINER STreet OCCATION FOR TOWN PL Air	ond in my DA SIG	TE NED 10-23-	

- Market and the second		
	ANTEN L	
以下		

		FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 6 4 0 3											
200		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
)		CEASED NAME PE OR PRINT)		MIDDLE LAST 20. DATE KNOWN OF ESTI-							_	20-83	R 2b HOUR		
1	3. SE)	(4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE						MONTH	DAY YE	AR 2d HOUR			
RAL DIRE R YOUR HIN 72 H ESTON S	MAL	LE	WHITE	March 25	. 1928	LAST BIRTHDAY) 55 YRS.	MONTH	5 DAYS	HOURS	MIN. PE	RONOUN	CED	10-2	21-83	4:30R
35	7a. BI	RTHPLACE (ST DREIGN COUNTRY) Bryland	ATE OR	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C									MD.		
10	Ca	atonsvi	lle	36 Mapl						FOR MC	Baltimore Cour la USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE) Office Manager			OR INDUSTRY City Police	
5	13a. S	AL RESIDENCE (TATE aryland	13b COU	OR OTHER INSTITUTION, G NTY IMOTE	13c. CITY	BEFORE ADMISSION) OR TOWN DNSVILLO		13d. INSIDE (I Yes 🗌	NO XX			ss a Ave	•	21228	
RS AFTER DEATH. IF ANY DES 3. GIVE PAGES 1, 2, AND 3 TO WITH FORM PAR 3. RETAIN 1. 1. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS	14. F/	ATHER'S NAME		MIDDLE		LAST		15. MOTHER'S MAIDEN NAME FIRST MIDDLE				LAST			
	160.3	John	EVER IN U.S. AF	C.	Verderaime			Rose H.				Lascda			
	(Y	ES, NO, OR UNKNO		E WAR OR DATES)		217-24-0401		Teresa Liberto - 703 Acad							
	7	Conditions, if ony, which gave rise to immediate cause (a) stoting the <u>underlying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).													
7	CERTIFICATION	190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOP					
PACE A SHOULD BE CERTIFICATE, WRITING THE WORLD FOR LINE AND TO FULL SHOULD BE PACE A SHOULD BE USED AS A FLUTAL TRANSIT REMAINER ADDITION OF THE CHIEF AND AS A FLUTAL TRANSIT REMAINER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION OR REMOVAL		LINDERLYING	L CAUSE WAS OR		A. MONTH		21c HO	W INJURY	OCCURRE	D (ENTER NA	TURE OF INJU	JRY IN ITEM 18	PART 1 OR PA	YES X	NO []
	MEDICAL	214 INJURY O WHILE AT WORK	NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, E			IREET			CITY OR TOW	/N	co	YTMUC	STATE
2		death resulte ACTUAL SIGNATURE EXAMINER'S	ed fram: Note	urol couses X,	Accident	D. Suicid	M.	Homic	PECIFY) stant	Undeter	Inquiry mined mo	nner .	nd in my ap DATE SIGNE	10-22-8	33
AFTE BALT	23 o. B	URIAL, CREMA	TION, REMOVAL	argarita /		PAME OF CEMET				23d, LOC				IN IT W	****
		SPECIFY) Burial		Oct.25,19	83 N	ew Cathe	dra	1 Cem	etery	Bal	timo	6	City	/ MD	STATE
(5))	24 5	1630 Ed	Russe	11 C. Wit Ave., Cat	zke F	uneral H	ome 21:	s P.A 228	OCT	25	1983	25h MG	ISTRAR'S S	2. Com	ef.
4/82															



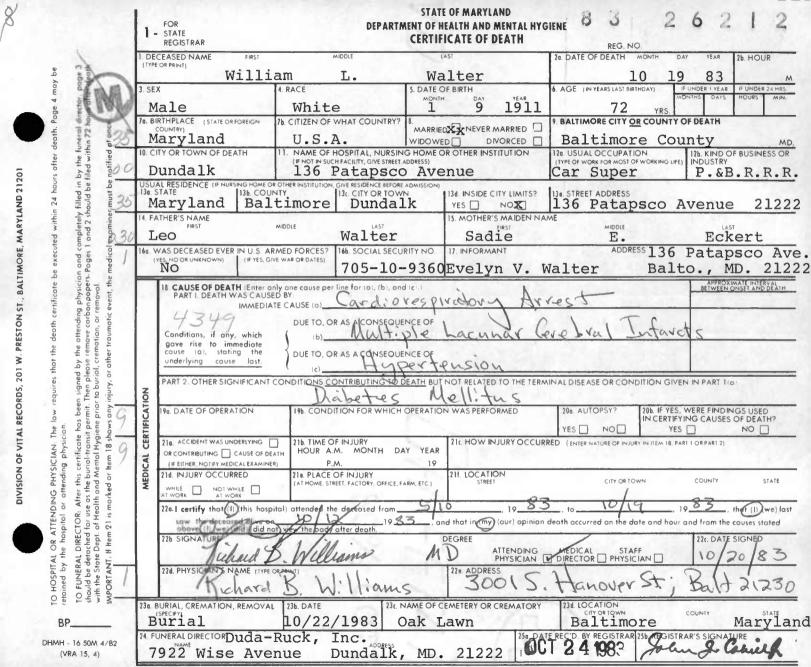
	क्ष्म विश्व ह			pluji.
			a.J	in alytani
rational Society	1-1/4 - 1/4			
ENOIS, an walker			Promitter.	
101.0	0.5-2.1	.23,830	s/franc	Custage
as, I Fordwick Dir.	erse, Wedly-use and	10300-28-818		
			100	
	ī			



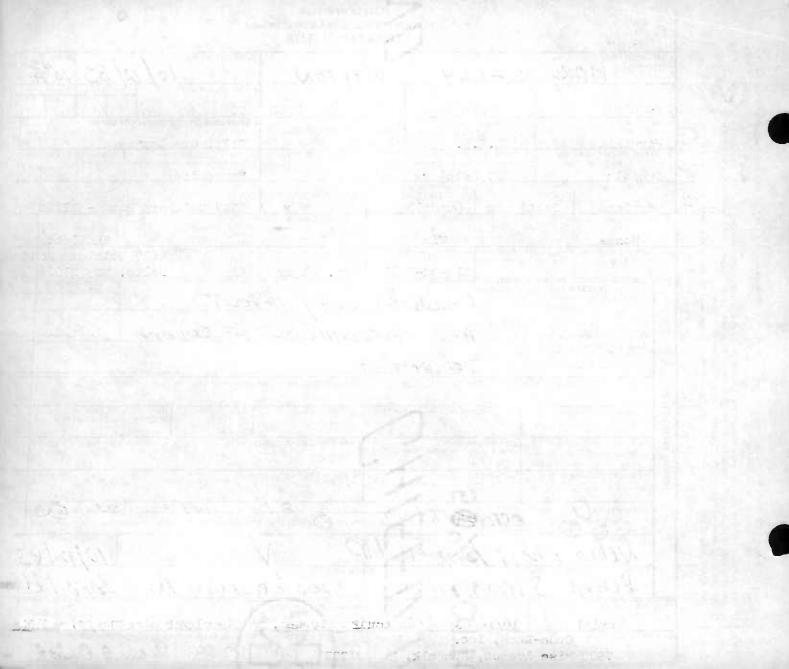


				na FretSelf &	
, 1900	AT SUTUR			.o en	ICUT
		2007	, 3.7 . 7.1	ETI T	ZJan
`T-U	7. (on	X			1Y
yla .	T Heal T			EVAN TERMON	- CATHERINE TAG
				TIO BOOKITA	
A APRIPH		ניט־אָד	Timas		THOUSE
.a.a .a.gyfqwex	Fring Han	a angang.	. 11 67216	218-38	
			the least of		
		SHOW			
				7 5 7 2	
					O. T.
US 6.41.5.61	ay) state		6 M		
La dia jy	a truck	YESTA		12/57/11 11/5/11	n '1'. n

SWIEL STATE		
STRUK BERTALA		
	양 이 회사 생생님 그 보는 얼마나 있다면 보고 있으면 되고 있다.	
Control of the second		
128/4		
· · · · · · · · · · · · · · · · · · ·		
- 1000 BC		
Actes		
	The state of the s	



12 4 EVOLE



BP. DHMH - 16 50M 4/82

(VRA 15, 4)

FOR

notified at once.

medicol exam

IMPORTANT: If them 21 is marked or item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
	CEASED NAME	FIRST	٨	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26. HOL	JR
(1177)		URIC	E	S.	W	ARFIELD		10-12	2-83	2:5	5am,
3. SE	x Male	4.	RACE White		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	HOURS	MIN.
	RTHPLACE (STATE OR FOR COUNTRY) Maryland	reign 7b.	U.S.	WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY C BALTIMO		Y OF DEATH COUNT	Y	MD
	TOWSON	1 11		OSEPH ^{RE} H		DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Salesman		126. KIND (INDUSTRY		ESS OR
13a. S	AL RESIDENCE (IF NURSING STATE 13 Maryland	b. COUNTY	merinstitution imore	GIVE RESIDENCE BEFORE 134. CITY OR TOW Parkvil	N	134 INSIDE CITY LIMITS? YES NO 🔀	13e. STREET ADDRESS 2406 Bur	ridge	Rd	2123	4
1	ATHER'S NAME FIRST Samuel		DOLE .	Warfie		Della	MIDDLE		Stu	ıller	
(WAS DECEASED EVER IN YES, NO OR UNKNOWN)		D FORCES? VAR OR DATES)	166. SOCIAL SECU 216-07		17. INFORMANT Virginia M.	ADDR		as #13	e	
	I CAUSE OF DEATH	Enter only	one couse per BY:	line far (o), (b), an		Multiple cerebro	vascular acc	eident	S BETWEEN	ONSET AND	RVAL D DEATH
		diote the lost.	(b)	Severe G	enera	lized arterioscle		IDITION GI	YIS		
CERTIFICATION	19a DATE OF OPERATIO	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FIND IFYING CAUSE	INGS USE S OF DEA	TH?
MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	ISE OF DEATH	P.,	M. MONTH DA M	AY YEAR	21c. HOW INJURY OCCURR		RY IN ITEM 18	PART 1 OR PART 2)		
MED	21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21e. PLACE ((AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC]	21f. LOCATION STREET	CITY OF TO)WN	COUNTY		STATE
	220.1 certify that (4)(the saw the deceased above, (X)(we) (did				10- 83	nd that in $(\cancel{N_v})$ (our) opinion of	to 10-12 death occurred on the d	ote and ha	, 19 <u>83</u> ur ond from the	that (we) lost oted
	22b. SIGNATURE	El.	Sul	2		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DAT	FIGNED	
	E. CE	Robb	PRINT)	0.		7620 YORF	K ROAD TO	WSON	MD 212	04	
	BURIAL, CREMATION, RE (SPECIFY) BUrial	MOVAL	236. DATE 10-14-		Parkw	cemetery or crematory	23d. LOCATION CITY OR TOWN Parkvill	.e, B	salto.,	M	STATE
	UNERAL DIRECTOR NAME Ruck Towson	Fune	ral Hor	ne, Inc.		York Rd. 250. DAY on, Md. 21204 00	TT3 1983	256. BE 615	TRAR'S SIGNA	Casa	uf.

-4-1				
13	TA- JOY	-0 <u>f</u>	95 killi	ēle
		×	.4.9.0	e alled the series
Salemon Auto				
2406 Purrides 16 21234	4	olliv i	as exocited	Manyland Del
Stiller	5.5150	nelielo	.17	Louise
ecil as emsa- blethask	. Similari	eren-re-a.	12	ol.
		TV.		
		%		
ALT AS		Other		
			. 25%	15
parville, polto., va.		Samirus.	1,0-1,1-83	Interna

27

MARRIED NEVER MARRIED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

FP

WIDOWED

WEBER

12a USUAL OCCUPATION

TYPE OF WORK FOR MOST OF WORKING LIFE

Homemaker

BALTIMORE CITY OR COUNTY OF DEATH

REG. NO.

10

01

20 DATE OF DEATH MONTH

& AGE LIN YEARS LAST BIRTHDAY

77

Baltimore County 12b. KIND OF BUSINESS OR

2h HOUR

YEAR

83

IF UNDER 1 YEAR

U.S.A. Germany III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Catonsville

CAROLINE

4. RACE

MIDDLE

White

7h CITIZEN OF WHAT COUNTRY?

STATE

L DECEASED NAME

TYPE OF PRINTS

COUNTRY

14 FATHER'S NAME

3. SEX

REGISTRAR

Female.

Ta. BIRTHPLACE | STATE OF FOREIGN

Heinrich

Summit Nursing Home USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE
13b. COUNTY
13c. CITY OR TOWN
Baltimore Arbutus

Bleier

16b SOCIAL SECURITY NO.

13d. INSIDE CITY LIMITS? NOX 15 MOTHER'S MAIDEN NAME

Babette

YEAR 5

136. STREET ADDRESS 1159 Linden Avenue

Unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) NO

216-52-2087

17 INFORMANT Henry R. Weber 1159 Linden Avenue

ADDRESS

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21227

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: preoreleratio cardiovase di DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost.

190 DATE OF OPERATION

LIF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

AT HOME STREET, FACTORY, OFFICE, FARM ETC 1

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21e PLACE OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 19

211 LOCATION

CITY OR TOWN

NO

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

22d certify that (1) (this haspital) attended the deceased from. 22h SIGNATURE

CERTIFICATION

ď

18

10

DEGREE

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

and that in (ADA) (our) opinion death accurred on the date and hour and from the causes stated

22c DATE SIGNED

LAURENCE R. GALLAGER, M.D.

23c. NAME OF CEMETERY OR CREMATORY

ST. AGNES MEDICAL CENTER. 21229 23d LOCATION Loudon Park Cemetery Baltimore

Maryland

MPORTANT

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

10/04/83

DHMH - 16 50M 4/82 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE [SPECIFY] Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

21229

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNALURE

10 0				\$150.W	
	on the Link				Anti-Line
	Modification (1)	ma le			
TREETS COMMENTS	ATE Linden	luna (ando la	A precluie	i Agnivani
		uldeviali	New2ed)		nlwaled.
Styll en Sy Indi					

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

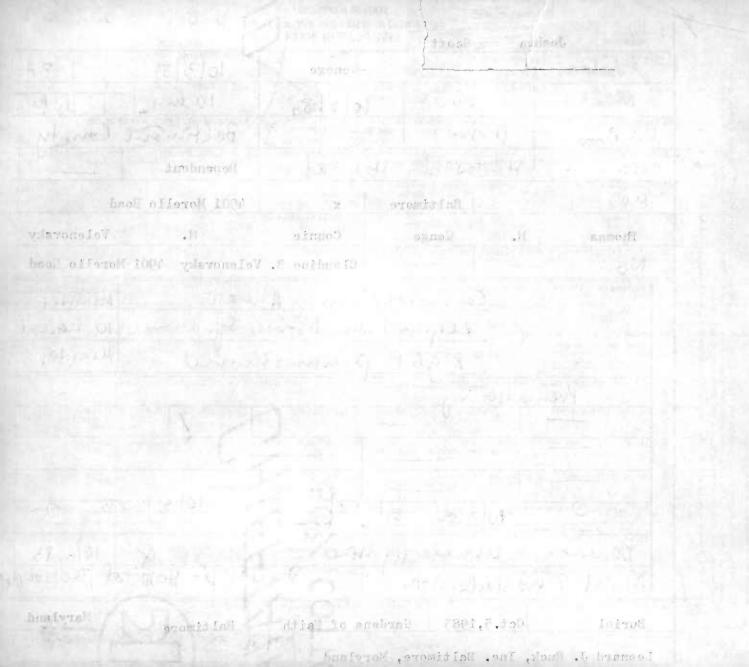
NO DE LONG ESTEN - - WE WERE MADE THE PROPERTY OF THE PROPERTY O an Alexand Temesta establica colored temestal man

	#b=n_2=0		
elia, 'ouniu			
20/27 mm	and lawn	aleman o'unu	alter.
All Carellell and The Care		a de la contraction de la cont	
:51/51	nithme -	A COL	
Andrews In the State of the			

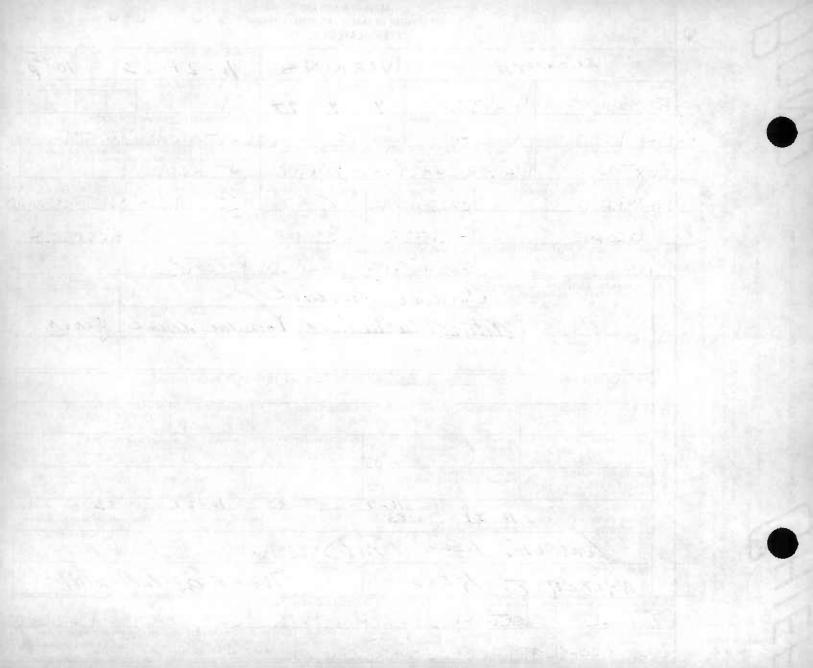
ASL BRIG CALLS	No. 19 and	C Galler	>AS
	1011 65 1		
		THE REAL REAL PROPERTY.	
	the transfer of		
may was brought of	ورادر اردادیوان	activitie.	
		TAIL IN	Section 1
	Land Barrier		
The state of the s		M. Frank S.	
	1 and	TANK TO BE	
		Media Heady Jan	NA BOST

	STATE		EPARTMENT OF HEALT			dia 0 1000 000	V
and the same of	REGISTRAR		ICAL EXAMINER'S		KEG.		
1. DE	CEASED NAME FIR:	ST	MIDDLE	LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR	2b. HC
	ALI			ELLER	DEATH MATED	October 231983	
3. SE)		5. DATE OF BIRTH MONTH DAY	YEAR 6. AGE (IN YEARS IF U	INDER 1 YR. IF UNDER	MIN PRONOUNCED	MONTH DAY YEAR	2d. HC
1	FW	12 06	1900 82 YRS.		DEAD	10km >3183	
7a BI	REIGN Mary land	U.S.A		RIED NEVER MARR	IED 7. BALTIMORE CIT	Y OR COUNTY OF DEATH	
1			WIDO	WED X DIVORC	0001		
,	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACT	ITAL, NURSING HOME, OR OTI LITY, GIVE STREET ADDRESS)	HER INSTITUTION	for most of working Life) Homemaker	(TYPE OF WORK 12b. KIND OF BU OR INDUST	
	BALTIMORE		SEPH HOSPITA	AL .	Homemaker		
	AL RESIDENCE (IF IN NURSING H	OUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
	MD.		BALTIMORE	YES Y NO	602 HIGH	WOOD DR. 212	212
R.	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDI	MIDDLE	LAST	
_	ichael	J.	Herlihy	Henriett		Hobbs	
16a V	VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YES.	. ARMED FORCES? . GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDR	21075	
	NO		220 18 568	36 Mrs. Mark	J. Gugerty J		
	18 CAUSE OF DEATH (Enti-	er only ane couse per line for	(b), ond (c).)	1	1.00 K	APPROXIMAT	E INTERVA
		EDIATE CAUSE (o)	Take 1	upcan	sactifica	el Satio	en
	4100	DUE TO, OR A	S CONFEQUENCE OF	10 1	down		
	Canditians, if any, w gave rise to immed		Venera	the ad 1	9079	- 0-	jeo
	couse (o) stating the <u>ur</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE OF	0	-		
		(c)					
	PART 2 OTHER SIGNIFICANT CONOI	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a),		
NOI							
ICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY	?
RTIFICATION						YES 🗆	NO (
L CERTIFICATION	210. EXTERNAL CAUSE WA	S 21b. TIME OF 1			ED 1ENTER NATURE OF INJURY IN ITEM	YES 🗆	
YCAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE	S 21b. TIME OF I HOUR A.M.	NJURY MONTH DAY YEAR 19	HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	YES 🗆	
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 214 INJURY OCCURRED	S 21b. TIME OF I HOUR A.M. OF DEATH P.M.	NJURY MONTH DAY YEAR 19 INJURY (ATHOME. 211 LC		ED (ENTER NATURE OF INJURY IN ITEM	YES 🗆	
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 214 INJURY OCCURRED	S 21b. TIME OF I HOUR A.M. OF DEATH P.M.	NJURY MONTH DAY YEAR 19 INJURY (ATHOME. 211 LC	HOW INJURY OCCURRE		YES YES	но в
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	S 21b. TIME OF I HOUR A.M. OF DEATH P.M.	NJURY MONTH DAY YEAR 19 FINJURY (ATHOME, 711 LC	OCATION STREET	CITY OR TOWN	YES YES	но в
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I look of	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 FINJURY (ATHOME, 711 LC	OCATION STREET	CITY OR TOWN	YES	но в
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I loak of death resulted from:	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 INJURY (AT HOME, 211 LC RY, FARM, ETC.)	OCATION STREET PSY , Inspectio	CITY OR TOWN	YES	но в
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING OR 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270 Certify that I loak of death resulted from:	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 INJURY (AT HOME, 211 LC RY, FARM, ETC.)	OCATION STREET PSY , Inspectio	CITY OR TOWN Inquiry	COUNTY Ond in my apinian DATE	но в
MEDICAL CERTIFICATION	216. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270. I certify that I loak of death resulted from:	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 INJURY (AT HOME, 211 LC RY, FARM, ETC.)	OCATION STREET PSY , Inspectio	CITY OR TOWN	COUNTY ond in my apinian	но в
MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING OR 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 270 Certify that I loak of death resulted from:	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO	NJURY MONTH DAY YEAR 19 INJURY (AT HOME, 211 LC RY, FARM, ETC.)	OCATION STREET PSY , Inspectio	CITY OR TOWN Inquiry	COUNTY Ond in my apinian DATE	но в
22-0	210. EXTERNAL CAUSE WA UNDERLYING OR CONTRIBUTING CAUSE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took of death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME	21b. TIME OF I HOUR A.M. OF DEATH P.M. 21e PLACE OF STREET, FACTO Charge of the remains described and the remains describe	NJURY MONTH DAY YEAR 19 INJURY (AT HOME, 211 LC RY, FARM, ETC.)	OCATION STREET PSY Inspection Inspectio	CITY OR TOWN Inquiry	COUNTY and in my apinian DATE SIGNED	но в

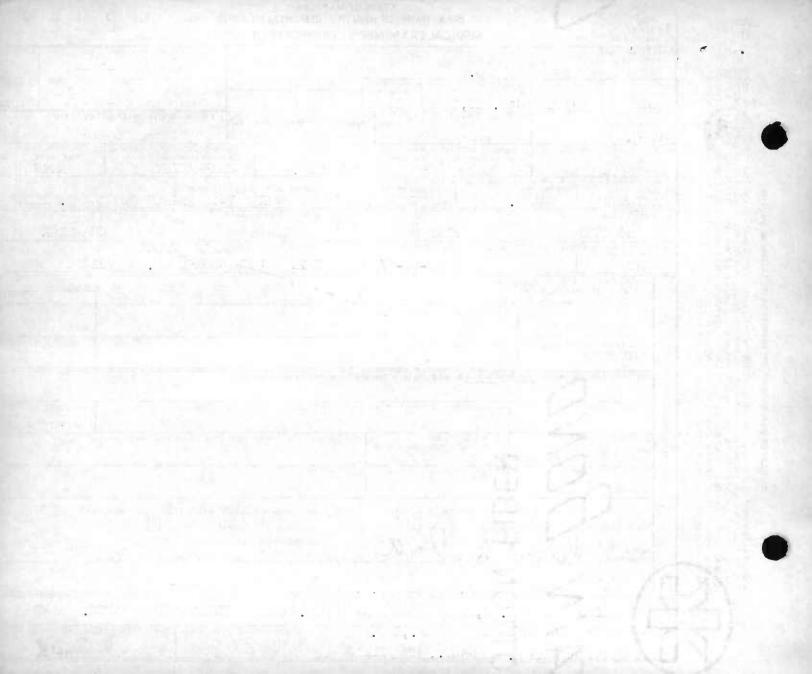
ALICE H.L. WELLER F. B. F. F. W. 12 06 12 842 BALTIMORE ST. JOSEPH HOSPITAL 220 18 5689 Service of Service State State In Sold in the Committee of the Committe



Y	1.	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE O S	. 0 6. 4. 6
deod the		CEASED NAME ORPRINT) ELIZAB	ETH	WERKING	10-21-8	3 YEAR 26. HOURS
o p	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HR
	E	s mals	LUHITS	MONTH DAY YEAR	89 YRS	MONTHS DAYS HOURS MIN
101	o. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.	BALTIMORE CITY OF COUN	TY OF DEATH
125		ARYLAND	1) S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT: MARS	COUNTY "
10		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	176. KIND OF BUSINESS O
71	130	AL RESIDENCE (IF NURSING HOME OF	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TO		13e.STREET ADDRESS / ZIP CO	DE 2/229
0	_	ARYLAND	BALTI	MORE YES IN NO [4507 OLD F	REDERICKRO
20	16a N	THER'S NAME FIRST LO RUE VAS DECEASED EVER IN U.S. AR		15. MOTHER'S MAIDEN N S.R. S.L. MA CURITY NO. 17. INFORMANT	MIDDLE ADDRESS	HOENSCH
2		(IF YES, GI	WAR OR DATES)	9794 FAMIL	4 RECORDS	
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per interfer (a), (b), (c) D BY:	and ici.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, ar ather traumatic	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ	UENCE OF DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART Ito
9	CERTIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM IS	PART (OR PART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
Z I is morked		saw the deceased alive an abave, (1) (we) (did) (did no	tol) ottended the deceased fram /0 - 2 / 19 It) view the body after death.	10 - 7 , 19 8 (8 3 , and that in (my) (aur) opinion		
t tea		22b. SIGNATURE walder	Vi Ideas	M ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED
MPORTANT		WALTER	T. KEES	22e. ADDRESS	won Klas h	D 2/11/
IMPORTA	23a.	BURIAL, CREMATION, REMOVAL	OCT. 26 1983 1	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN BALTINORE	COUNTY MARY STATE
33	24 F	UNERAL DIRECTOR NAME VANS CHAPEL C	FMEMORIES	23 25 10RK ROAD	DET 28 1983	STRAR'S SIGNATURE



	ECEASED NAME (PE OR PRINT)	FIRST		WIDDLE		LAST	OF	REG. NO.	•	YEAR 75 HOUR
2.00		MARK	D.		WERNE			MATED [10-28-83	N
3 SE	:X	4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN Y		DER 1 YR. IF UNDER	MIN. PRONOU	NCED		YEAR 2d. HOUR
	ALE	WHITE	JAN. 23	,1955 28	YRS.		DEAL		10-28-83	
A F	OREIGN COUNTRY)	ATE OR	78. CITIZEN OF W	HAI COUNTRY?		ED NEVER MARR	IED MY	_	COUNTY OF DEA	TH
-	ARYLAND	DE DE ATU	USA	SPITAL, NURSING HOM	WIDOW			timore	County DE WORK 12b KIND	MD MD
4 -	andallsi		(IF NOT IN SUCH FA	County Ge)		FOR MOST OF WO	RKING LIFE)	OR IN	RUGS
USU			OF OTHER INICITION C	13c. CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?	13e STREET ADDR	ESS		
M	ARYLAND	BAI	LTO.	BALTIMORE		YES NO X			GEORGE RD	. 21208
5 14. F	ATHER'S NAME		WIDDIE	LAST		15: MOTHER'S MAID	EN NAME	MIDDLE	LASI	
a.	LEONA	ARD		WERNER		BESSI			CHARR	ICK
160	WAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURI	TY NO.	17. INFORMANT	LEONARD	WERNER		in the
L	NO	(,	219-68-87	90	7425 PRI	NCE GEORG	E RD.	#21208	
	18 CAUSE OF	DEATH (Enter on	ly one cause per line	e for (a), (b), and (c).)		11015-25			APPRO	DXIMATE INTERVAL N ONSET AND DEATH
	PARTIDE	ATH WAS CAUSE	TE CAUSE (a). UI	ndetermin	ed					
	199	14		AS A CONSEQUENCE						
		s, if ony, which e to immediate	(b)							
		stoting the under-		AS A CONSEQUENCE	OF					
	lying cab	SC 1031.	(c)							
	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	SUT MAY SELLIFF TO THE SELECTION						
z	TART TO UNICK STO			BUT MULKETYLED TO THE LEW	RMINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).		National Control	
ATION	19a. DATE OF			TION FOR WHICH OPE			RT 1 (a).		70. AUT	OPSY?
IFICATION							RT 1 (a).			
ERTIFICATION	19a. DATE OF		196 CONDI	TION FOR WHICH OPE	RATION W			VJURY IN ITEM 18 PAF	YES	OPSY?
AL CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS	196 CONDI 216 TIME O HOUR A.A	TION FOR WHICH OPE FINJURY A. MONTH DAY YEA	RATION W	AS PERFORMED?		JURY IN ITEM 18 PAF	YES	
SDICAL CERTIFICATION	19a. DATE OF	OPERATION L CAUSE WAS OR IG CAUSE OF	196 CONDI 216. TIME O HOUR A.A DEATH P.A. 21e PLACE	TION FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 19 OF INJURY (ATHOME.	21c. HO	AS PERFORMED? OW INJURY OCCURRE		NJURY IN ITEM 18 PAS	YES	ON KK
MEDICAL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE	OPERATION CAUSE WAS OR GO CAUSE OF CCURRED NOT WHILE	196 CONDI 216. TIME O HOUR A.A DEATH P.A. 21e PLACE	TION FOR WHICH OPE FINJURY A. MONTH DAY YEA A. 19	21c. HO	AS PERFORMED?			YES	
MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK	216. TIME O HOUR A.A DEATH P.A 216 PLACE STREET, FAC	FINJURY A. MONTH DAY YEA DFINJURY (ATHOME. TORY, FARM, ETC.)	21t. HO	AS PERFORMED? OW INJURY OCCURRE CATION TREET	D (ENTER NATURE OF IN	OWN	YES	ON KK
MEDICAL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK	216. TIME O HOUR A.M DEATH P.M ZIE PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.)	21t. HO	AS PERFORMED? OW INJURY OCCURRE CATION TREET J. Inspectio	D (ENTER NATURE OF INCIDENT OF ICE	OWN and	YES	ON KK
MEDICAL CERTIFICATION	210 EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK	CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK	216. TIME O HOUR A.A DEATH P.A 216 PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.)	21t. HO	AS PERFORMED? OW INJURY OCCURRE CATION TREET	D (ENTER NATURE OF IN	OWN and	YES	□ ON KK
MEDICAL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK 22a I certif deoth resulte	CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK	216. TIME O HOUR A.M DEATH P.M ZIE PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.)	21t. HO	AS PERFORMED? OW INJURY OCCURRE CATION TREET J. J. Inspectio , Homicide TITLE (SPECIFY)	D (ENTER NATURE OF INCIDENT OF ICE	OWN and	YES RT 1 OR PART 2) COUNTY in my apinian	XX NO
MEDICAL CERTIFICATION	196. DATE OF 216 EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK 226 L certif deoth resulte	CAUSE WAS OR IG CAUSE OF CCURRED NOT WHILE AT WORK	216. TIME O HOUR A.M DEATH P.M ZIE PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.)	21t. HO	AS PERFORMED? DW INJURY OCCURRE CATION TREET My M, Inspectio Homicide	D (ENTER NATURE OF INCIDENT OF ICE	own and anner ,	YES	XX NO
MEDICAL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK 22a I certif deoth resulte	OPERATION I CAUSE WAS OR OR CCURRED NOT WHILE AT WORK y that I took chars d from: Natu	216. TIME O HOUR A.M DEATH P.M ZIE PLACE STREET, FAC	FINJURY A. MONTH DAY YEA A. 19 OF INJURY (ATHOME, TORY, FARM, ETC.) scribed above, held on Accident , S	21f. LOC st	CATION TREET TITLE (SPECIFY) D. ASSISTANT	CITY OR TO Undetermined m	own, and danner,	YES RT 1 OR PART 2) COUNTY in my apinian DATE 10-2	XX NO
730.1	190. DATE OF 210. EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 220. I certif deoth resulte ACTUAL SIGNATURE EXAMINER'S I	OPERATION I CAUSE WAS OR	21b. TIME O HOUR A.A DEATH P.A 21e PLACE STREET, FAC	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.) Scribed above, held on Accident , S	21f. LOC 51 Autops Duicide	CATION TREET TITLE (SPECIFY) D. ASSISTANT	CITY OR TO Undetermined m	own and anner	YES RT 1 OR PART 2) COUNTY in my apinian DATE 10-2	XX NO
230.8	210 EXTERNA UNDERLYING CONTRIBUTIN 21d INJURY O WHILE AT WORK 220 I certif deoth resulte ACTUAL SIGNATURE EXAMINER'S I (TYPE OR PRIN	OPERATION L CAUSE WAS OR IG OR IG CAUSE OF CCURRED NOT WHILE AT WORK y that I took charge d from: Natural NAME IT) Ma ION, REMOVAL	21b. TIME O HOUR A.M P.M 21e PLACE STREET, FAC ge of the remains de ral causes X Capacita A 23b. DATE OCT. 30, 11	FINJURY A. MONTH DAY YEA OF INJURY (ATHOME, TORY, FARM, ETC.) Scribed above, held on Accident , S	Autops Au	CATION TREET AS PERFORMED? DW INJURY OCCURRE LY X Inspectio Homicide TITLE (SPECIFY) DASSISTANT ADDRESS 111 R CREMATORY MEM. PARK	CITY OR TO Inquiry Undetermined m MEDICAL EXAM Penn Stre	own anner miner miner miner	COUNTY in my apinian DATE 10-2 BACTO	STATE 8-83



inclive a ways and .. 2o (adro. Co.) RAMMELISTON, ALLEGE BLITTLE W.D. M. TUR. A. 3722 STREET, S. 2133 while we have William atita 212 32 8670 AM. SALLELL, GLEES 5105 L. HENNIELLE LA NALL 11/20/83 St. ALTHURING GLASS WALLEY WALLEY (BLACK) 15.

Lives I. to Killing 45 7 Pages at Lives Western

2:05

41	FOR 1 - STATE
,	REGISTR

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

ä	- STATE REGISTRAR			CERTII	ICATE OF DE	ATH	REG. NO).			
3	1. DECEASED NAME	FIRST	WIDDLE	- F. OH	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
	(TYPE OR PRINT)	Robert	Wendell		Whitney		Octobe	23,	1983	4:	15 A
N ₀	3. SEX		4 RACE	5. DATE			6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDE	ER 24 HRS
	Male		White	July		1919	64	YRS.		HOURS	Miln.
â	OUNTRY)	E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	B.	D MEVER MA	APPIED T	9 BALTIMORE CITY O	R COUNT	Y OF DEATH		
7	Maine		USA	WIDOW		DRCED	Baltimo	re C	ounty.		MD.
P	I CITY OR TOWN OF		11. NAME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		UTION	12a USUAL OCCUPATION OF WORK FOR MOST OF	WORKING			
1	Timonium	25(4)	78 Cinder Ro	ad, #	21093		Lab-Denta	1 Te	chn. M	edic	al
Z	13a. STATE	136 COUN		/N	134. INSIDE CIT		13e. STREET ADDRESS				
1	Maryland	Dan	timore Timoni	ım		40 X	78 Cinder	Roa	ad, 210°	93	
7	14 FATHER'S NAME	777	MIDDLE LAST			MAIDEN NAM	MIDDLE		LA!	5T	
6	Ernest	W	illiam Whitn		Anne		В.		Unknow		
1	160 WAS DECEASED E		MED FORCES? 166 SOCIAL SECT	JRITY NO.	17. INFORMAN	T	ADDRE	59Tim	nonium	210	93
	Yes, no or unknown	Kor		2217	Mrs. C	Carol	T. Whitney	.78	Cinder	Rd.	
	Conditions, if gove rise to cause (a), s underlying co	any, which immediate tating the	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ENCE OF	CBR				3	How	
		SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED, T	O THE TERM	INAL DISEASE OR CONT	DITION G	IVEN IN PART 1	a	
	NO	Hich	DOSE STEROI	D	THERAPY						
1	19a DATE OF OP	ERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERT	ES, WERE FIND I	OF DE	ATH?
	71g. ACCIDENT WA	S HINDERIVING F	21b. TIME OF INJURY		1214 HOW IN II	IPV OCCUPE	YES NO		res 🔲	NO	
1	OR CONTRIBUTING		HOUR A.M. MONTH D	AY YEAR		- CCCORP	- LENIER NATURE OF INJUR	T IN HEM 16	PARTIORPARTZ)		
4	21d. INJURY OCC		21e PLACE OF INJURY	FARM ETC)	211. LOCATION	٧	CITY OR TO	WN	COUNTY		STATE
	AT WORK	T WORK				- 200				19-5	0.00
	220.1 certify tho sow the decobove, (1) for	t (1) (this hospi ceased alive on	fal) attended the deceased fram. DCOSSR 12 19 1) view the bady after death.	83		, 19 <u>83</u> our) opinion (death occurred on the do		, , ,,		(we) last stated
	226. SIGNATUE	١.	01 /	51.75	DEGREE			14.14	22c. DATE	-	
	(Phu	D Ru	HI) AT	TENDING HYSICIAN	MEDICAL STAF	IAN [10	25	83
1	22d. PHYSICIAN	S NAME STIME	E PRINTI		22e. ADDRESS	March 1				1	

John Lavin 231 NAME OF CEMETERY OR CREMATORY

6805 York Road, Baltimore
TERY OR CREMATORY 23d LOCATION
CITY OR TOWN .Md

COUNTY

230 BURIAL, CREMATION, REMOVAL

236. DATE

Burial 10/26/83 Dulaney Valley Cem. Timonium

14 FUNERAL DIRECTOR Timonium 210979 DATE REC'D. BY REGISTRAR 25b.

Lemmon-Mitchell-Wiedefeld 10 W. Padonia Rd. 007 26 1982

STATE

BP.

IMPORTANT: If Item 2

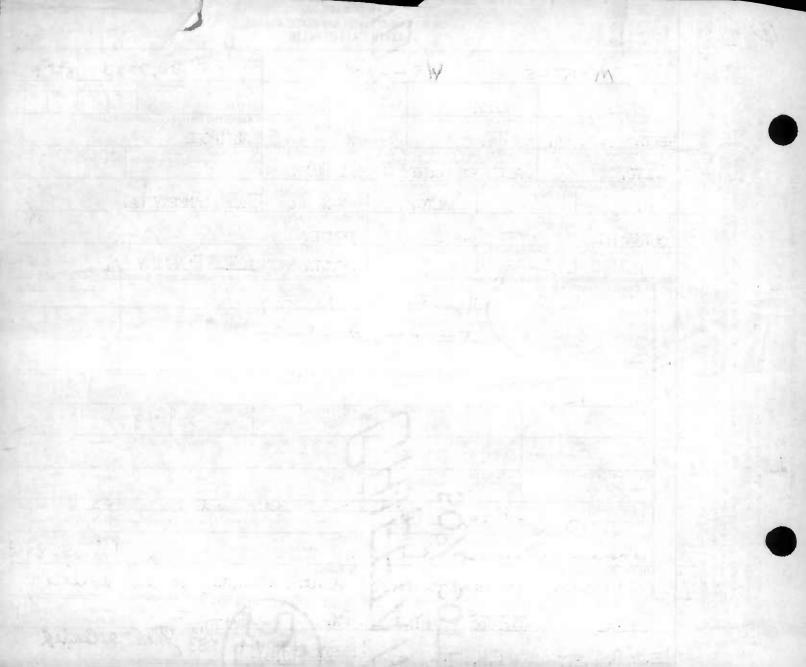
Second 3, 1985 Sile		II shan Y	
	<i>? ?</i>	1	
Stanc 2 a torrusta		Į.	aniow.
Landa Landon Landon -	121 192	1207 120n (87	7. 10
rights , back yeller		little or e Translat	A'm ryland I'a
(CV()()())	المالك المالك	OJ HIM LIPSHIA W	
Limonium 21 07.5 Dates 1 Co Kinger 10.	7.70mm 1	3-(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
		CONTR. but	
	cur)		

Item#5 1/19/84 mtb G#507

Suggest the same of the same county Rotte Commence and the State of The state was a state of the st Cornell 18 - B. B. Wild Hall Complete Party Party State Alle THE COURSE STOR IN WORLD SEE. THE DEEP RESE

1/ 1/ 1/5	1.	FOR		DEPARTMENT OF	HEALTH	I AND MENTAL H	YGIENE V	20	the the	
W XP	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							DEG NO		
17 /	1. DE	CEASED NAME FIRST		WIDDLE		LAST	2a. DATE KN	IOWN MONTH	DAY YEAR	2b. HOUR
# 01 V V V V	(TYP	GEN	EA	LLYN	WIL	-LIAMS	OF E	STI-	28,83	2039
PLEAS FALES STREET	3. SEX		5. DATE OF BIRTH	6. AGE (IN)	EARS IF UN			MONTH	DAY YEAR	2d. HOUR
S S S S S S S S S S S S S S S S S S S	10	PALE WHITE			YRS.	AS DAYS HOURS	MIN. PRONOUNCE DEAD	10	28,83	2350
A PARTY OF THE PAR	76. BI	RTHPLACE (STATE OR REIGN COUNTRY)		HAT COUNTRY?	8 MARRI	ED NEVER MARR	P. BALTIMOR	RE CITY OR COUN	TY OF DEATH	
SAN	1	mð.	05	A.	WIDOW			BALTO C	ounty	MD.
5. 英格里	CI CI	TY OR TOWN OF DEATH					(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY			
302 #g/2	I I GILLA	DUNDALK								
ANY DE AND 3 TROUD PECCORD	13a. S		UNTY	13c GITY OR JOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		0100	~
			ALTO	DUNDALI	K	YES NO 🗷		UR GEOR	GES CT.	
F. MD.	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDE	AIDD	ſE	LAST	
	14a V	MURRAY VAS DECEASED EVER IN U.S.	APAGE CORCES?	WILLIAM 166. SOCIAL SECURI		DOROTH 17. INFORMANT	4	ADDRESS	DIXON	
BALTIMOR S AFTER DI GIVE PAGE THE PORM PAGES I A VISION OR	(Y		GIVE WAR OR DATES)					ADDRESS R+ Z	BOX 18:	23
	=	18 CAUSE OF DEATH (Enter	anhu ana sausa ans lis		4191	MURRAY V	VILLIAMS	PRINE	APPROXIMATE	INTERVAL
ST. A LB. WALLE WALL		PART I DEATH WAS CAU	SED BY:	per - in luct	tal &	ullocateo	and has	nunc	BETWEEN ONSET	AND DEATH
PRESTON S THIN 24 HO CIL IN ITEM VER ALONG ANSIT PERA AL HYGIEN REMOVAL.		9530 MME	DUE TO, O	R AS A CONSEQUENCE	OF	04	terrent year	00		
PRESI THIN OIL IN HER A ANSIT REMO		Conditions, if any, wh							THE PARTY	
201 W. PRE! UTED WITHIN IN PENCIL II EXAMINER : TAIL-TRANS D MENTRANS ON, OR REM		cause (a) stating the unc		R AS A CONSEQUENCE	OF					
RDS, 201 V EXECUTED NG". IN PR CAL EXA N BURIAL- 1 AND MEI		lying couse last.	(c)							
RECORDS, 201 W. PRESTON ST., D BE EXECUTED WITHIN 24 HOUR PENDING" IN PENCIL IN ITEM 18. MEDICAL EXAMINER ALONG W A SA B BURIAL - REMIT EATH AND MENTAL HYGENE, CREMATION, OR REMOVAL.		PART 2 OTNER SIGNIFICANT CONDITI	DUS CONTRIBUTING TO DEAT	A COLUMN TO THE RESERVE TO THE PARTY OF THE	MINAL DISEASI	OR CONDITION GIVEN IN PA	RT 1 :a			
IL RECORE UID BE EX "PENDING EF MEDICAL REPAIR AL, CREW	ē	199. DATE OF OPERATION		resource	DATIONIN	A C BEREARINED?			les energia	
→ 5: EBT /	CERTIFICATION	196. DATE OF OPERATION	196 COND	ITION FOR WHICH OPE	RATION	AS PERFORMED?			20 AUTOPSY?	3.0
F VITAL WORD WORD WORD OF HE CHIEF	EE	21g. EXTERNAL CAUSE WAS	21b. TIME C	OF INJURY	71c H	OW INTURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM IS PART 1 OR E	YES	NO N
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE E 3 SHOULD F TO PRARRYMEN	ALC	UNDERLYING OR CONTRIBUTING CAUSE	1/2 / 7/4	M. MONTH DAY YE	AR 3	all in	liched			
SHO TO TO THE PARTY OF THE PART	MEDICAL	214 INJURY OCCURRED	2 le PLACE	OF INJURY (AT HOME,		CATION				
DIVISION OF VITA R: THIS CERTIFICATE SHOIN REWARDED TO THE CHIE R: A PAGE 3 SHOULD BE US E STATE DEPARTMENT OF D, 21201 PRIOR TO BURIA	W	WHILE AT WORK AT WORK	STREET FA	CTORY, FARM, ETC.)	162	10 FOURGE	BORGES OF	- BALT	Mh 2	125TATE
R TH RW/ R PA S 21		22a I certify that I took ch			Autop	sy , Inspectio	n Inquiry	ond in my o	a mina	
EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: WARYLAND:			aturol couses .		ovicide 2	-	Undetermined mann	0	pinion	
XAN XAN ERTII B B B B WITH WITH		-	0.1			THE (SPECIFY)		THE PERSON	10/200	11-
A HANDER		ACTUAL SIGNATURE	sdan O y	jonova_		D. Deput	1_MEDICAL EXAMIN	DATE SIGN		83
AEDICA CUTE TH SE 4 SHG FUNERA FINERA TIMORE,	1	EYAMINER'S NAME	DOCCHAL O	· Nantaisma		2112	Nordalk A	- Rol	- mi	21224
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)		OCIVOV AND		ADDRESS	portaca = no	or. I was	100	
	23a.B	URIAL, CREMATION, REMOVA	1 1	23c NAME OF C			23d. LOCATION CITY OR TOWN			ATE
BP	24 F	BURIAL JNERAL DIRECTOR	11/1/8	3 MORE	LMN		REC'D. BY REGISTRAR		SIGNATURE	9.
DHMH 17 (VR A15 ME (5))	1	ONNELLY F	UNERAL I		(uni	ALK NOV	3 1983	John-	2. Canice	1
20M 4/82	-	7	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	141.1E D. 3	, ,,,,,		V NOO	4		25

the same of the basis to the property of the same of t THE RESERVE OF LINES OF THE PROPERTY. THE PARTY OF THE PROPERTY OF T me water and the same of the s makey washing follows ALL BOX IFRO THE THE PERSON NAMED AND THE PERSON OF PERSONS AND THE STATE OF THE PROPERTY OF THE SERVE STATE OF THE SERVE. THE MARKET OF SMERL LARLEY WAS A SHAWN TO A SHAWN TO A SHAWN TO A SHAWN THE WAY THE WAY TO A SHAWN THE WAY THE



	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLA ENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIEN	REG. NO.	6 2	2. 9
0	I. DECEASED NAME	FIRST	MIDDLE	LAST	20	DATE OF DEATH MONTH		26. HOUR
of the	RUT	'H	М.	WISOTZKEY		OCTOBE	R 2, 1983	3 M
	3. SEX	4. RACE		5. DATE OF BIRTH	6.	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	HOURS MIN.
* (M)	FEMALE	WHIT	E	AUGUST 16,	1901	82 _Y	RS.	
och. Po	70. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER A	WARRIED	BALTIMORE CO		MD.
on softer d	LUTHERVILLE	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET AT EGE MANOR	HOME OR OTHER INST	TITUTION 12	a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK TEACHER	ING LIFE) 12b. KIND (INDUSTRY PUBL]	OF BUSINESS OR
24 hour 24 hour could be fulled in sould be fulled	USUAL RESIDENCE (IF NURSIN 130. STATE MD.	IG HOME OR OTHER INSTITUTION 13b. COUNTY BALTIMORE	13c. CITY OR TOWN BALTIMORE			e STREET ADDRESS	RD. 2121	1.2
thin thin 2 sh	14 FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S	S MAIDEN NAME	MIDDLE		7
MAM be ed w	THOMAS		MATTHEWS	LOI	CTIE	V.	MATTHE	EWS
d co	160 WAS DECEASED EVER I	U.S. ARMED FORCES?	166 SOCIAL SECUR	ITY NO. 17. INFORMA	NT	ADDRESS		21050
IMORE, In and or Pages '	NO	(IF YES, GIVE WAR OR DATES)	214-30-37	10 RICHAF	RD W. STO	DRY 1745 CRES		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours natending physicion. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbanipapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. arked at them 18 shows any injury, or other traumatic event, the medical Administration and a showled at the medical Administration and a showled and a showled at the medical Administration and a showled and showled	Conditions, if ony, gove rise to imm couse io), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UNDIT	which ediate the lost Conditions C	nephri	ice Of	rdany.	AL DISEASE OR CONDITION AL DISEASE OR CONDITI	N GIVEN IN PART IN CALCA IF YES, WERE FIND ERTIFYING CAUSE: YES \(\text{YES} \)	INGS USED
DF VITAL RI CIAN: The Ic physicion. rifficote hos ol-tronsit per foll Hygiene m 18 shows	OR CONTRIBUTION C	SUSE OF DEATH HOUR A	.M. MONTH DAY	YEAR	JURY OCCURRED	ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
IVISION OF ORDER THIS certification is the buriol-the steep of the certification is the buriol-the ord Mental order them.	(IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI WHILE NOT WHI AT WORK AT WORK	D 21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, FAR	19 211. LOCATIO STREET	NC	CITY OR TOWN	COUNTY	STATE
ATTENDIN ospital or ECTOR: Af od for use or or. of Health	sow the decease	this hospital) attended to discount of the body	2 198		(our) opinion dec	oth occurred on the date and	d hour and from the	that (I) (we) last causes stated
ITAL OR the hoy the host that DIR detache tote Dept.	John	Dyon	neg &	711 10	ATTENDING PHYSICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAN [110-	- 3-83
TO HOSPITAL Of retained by the TO FUNERAL Should be detained with the State Clayport and th	JOHN I). YOUNG	74		Grene	SX, Balti	more, h	Hospitel. Nd 21201
	23a. BURIAL, CREMATION, E			AME OF CEMETERY OR	CREMATORY	23d, LOCATION CITY OF TOWN	COUNTY	KIÄIE
BP	BURIAL	OCT.	5,1983 S	ALEM CEM.	05	JARRETSVII		MD.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME MITCHELL-WI	EDEFELD HOM	E 6500 YOF	RK RD, 2121:		6 PAGE C	e o G	Aire A

and the same	7.4		
	D.J. et .		
ma alvis si sumis	544		
to save and address.	orthographic land		H-1111 (H)
62023 1 San Oscilla Page 1912 151	100000000000000000000000000000000000000	GREG-PRAKE	
		Markey Co.	
The same of the same	TOTAL POLICE	Act of State of	
		early Manager	
San You Think	reservation to	File Same	
	reservation to	early Manager	

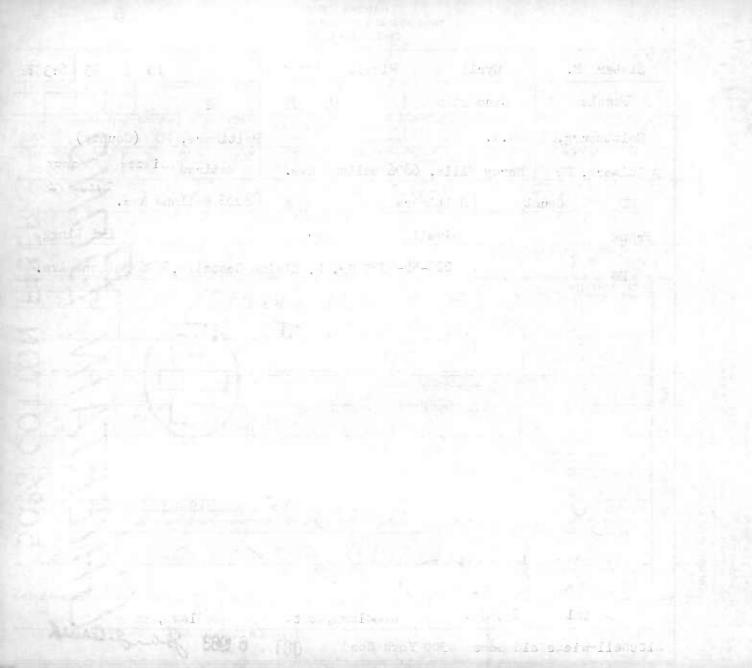
	1-	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAI ICATE OF DEATH	L HYGIENE 8	3 REG. NO.	2, 6	2.	3 0
	1. DEC	CEASED NAME FIRST Sister M.	Cyril	Wive	R.S.M.	2a. DATE C	DEATH MONTH	_	YEAR 83	26. HOUR 6:30PP _M
P	3. SE)	Female	4. RACE Caucasian	S. DATE C			YEARS LAST BIRTHDAY)	MONTHS	DAYS	HOURS MIN.
5	10. CI	RTHPLACE (STATE OR FOREIGN COUNTRY) Emittsburg, MD TY OR TOWN OF DEATH	U.S. NAME OF HOSPITAL, INFO TO NO SUCH FACILITY, GO MERCY VILLA	MARRIE WIDOWE NURSING HOME O		Balti N 120 USUAL	more, MD OCCUPATION REFORMOST OF 1991 Tired	(Cou	nty)	MD. F BUSINESS OR ETCY
りり	USUA	altimore, MD AL RESIDENCE (IF NURSING HOME O STATE 13b. COU MD Cou	NTY 130. CITY O	CE BEFORE ADMISSION)	13d. INSIDE CITY LIMIT		ADDRESS Bellona	Ave.	112	04
30		THER'S NAME FIRST Frank	Wiv		15. MOTHER'S MAIDE FIRST Mary	NAME	WIDDLE	3	ki İ	ingg
/-		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	DETAIL OF DATES	0-54-8396	Sr. M. El	aine Cos	tello,680	06 Bel	.lona	AVE.
	NO	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE	FO B	ONE SE OR CONDITION	N GIVEN IN		RS F
9	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO		20a AUT	NO IN C	YES 🗌	CAUSES	GS USED OF DEATH?
9	MEDICAL CE	210, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TILL INJURY OCCURRED	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER P	ATURE OF INJURY IN ITE	M 18, PART 1 O	PART 2)	
1	WEI	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY		STREET		CITY OR TOWN	ć	OUNTY	STATE
		22a.1 certify that (1) this hosp sow the deceased alive so above, (1) (ve) (did) (did no 22b. SIGNATURE	(C / / -T	_19_ <u>83,</u> or	DEGREE ATTENDI PHYSICI	ING _ MEDICAL		2	from the c	
1		22d PHYSICIAN'S NAME (TYPE	ORPRINT) E-WAL	-SH	333	ST. PA	rUL '	212	02	
		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10/4/83		EMETERY OR CREMAT	ORY 23d. LOC	ation ly or town ood Lawn,	Md cou	NTY	STATE

6500ssYork Road

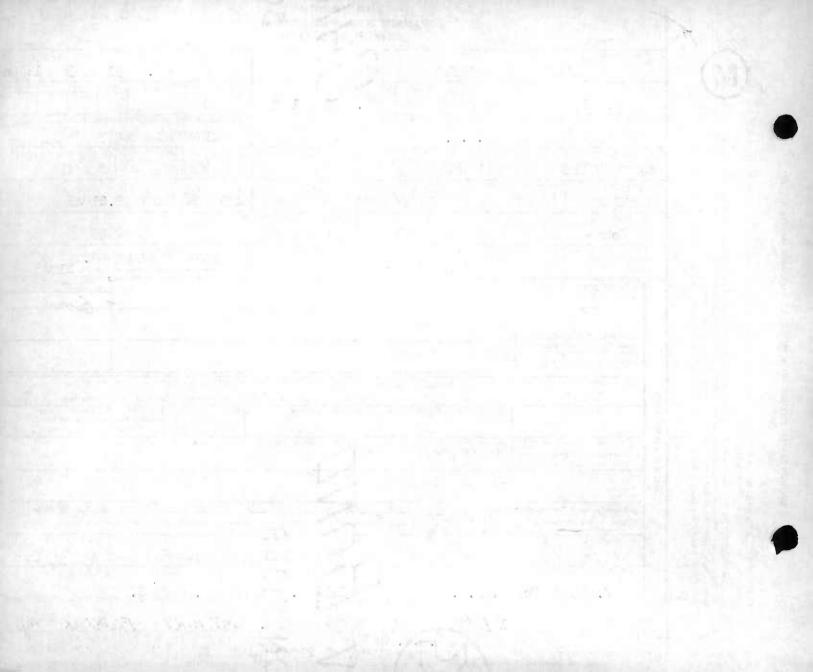
CT 6

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR
Mitchell-Wiedefeld Home

BP.



STATE OF MARYLAND



		rectional lines.		
	et 15	5 .5 -7-16	61.16	2
		and X		an Specif
en Cation NV s	stanced.	indigen etates	MARKET TEST	elliv-le
DESCRIPTION OF A RING.	x 2 Co.	ned ager	encel/ie	late Pyriott
areas to	atust	back	Premote S. Nee	
en ra	Philippe . A Inc	17 I KOS , DA	w-d	

Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Ro

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STAIL

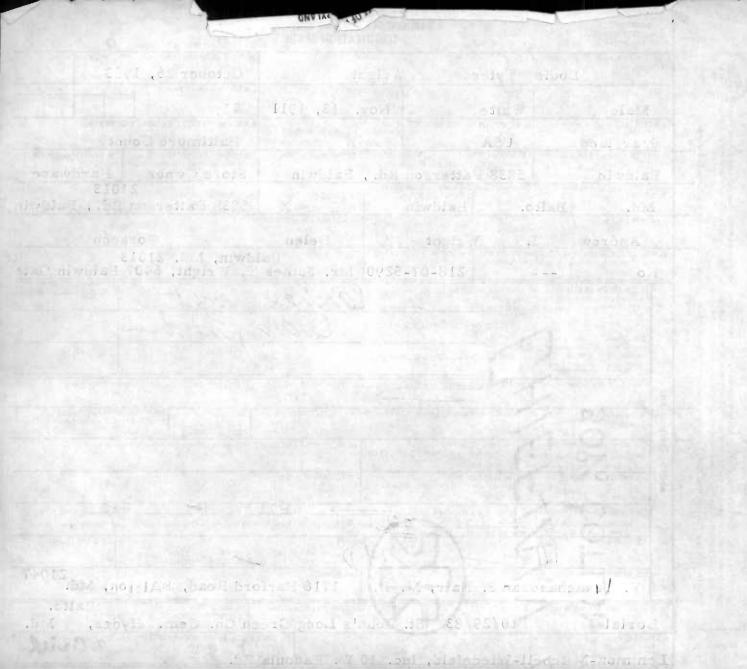
- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4) DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



Magazin H - waller The state of the second Simo 2 - 381 1730

5	1-	FOR STATE			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		2	6 2	3 5		
	1.056	REGISTRAR EASED NAME	FIRST		MIDDLE		AST AST		O. XC 12	1 698	396 126. HOUR		
		OR PRINT)	OHN			- 33				1500	I ACC		
	3. SEX		JOHN ALBERT		YURCHE 15. DATE OF BIRTH		6. AGE (IN YEARS LAST BIR	1983 THDAY) #	UNDER 1 YEAR	4:55 F			
		MALE				WHITE	MON			68	YRS.	MONTHS DAYS HOURS MIN	
7	7a. 81R	THPLACE (STATE OR DUNTRY)	FOREIGN	11	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C				
3	10. CIT	Y OR TOWN OF DEA	ATH	11. NAME OF		ADDRESS)	PR OTHER INSTITUTION FT. HOWARD,	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O	ON of WORKING LIFE)	126. KIND	of Business of		
5	MA	L RESIDENCE (IF NURS FATE RYLAND	136 COUN BALT		134 CITY OR TOW	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO A	13e. STREET ADDRESS 2013 Tred	Avon I	Road	21221		
9	14. F.A	THER'S NAME FIRST Char	les Yí	irche	EAST		FR Domic		wicz	L/	AST		
1	(Y	AS DECEASED EVER ES, NO OR UNKNOWN) YES		E WAR OR DATES)	160 05 8		Frank C. Yu	rche. Brothe		Same	<u> </u>		
		Conditions, if ony gove rise to improve (a), static underlying couse	mediate ng the e lost.	(b) DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVE	N IN PART 1	(0,		
9	CERTIFICATION	190 DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FIND			
9		210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	in l	DF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR			the same of the sa	No D		
	MEDICAL	21d. INJURY OCCUR	HILE 🗍		OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
		sow the deceos	(this hospit	10/9	19_	1/25 83	nd that in (my) (our) opinion	, to 10/9 death occurred on the d	ote and hour o	9 <u>83</u> ond from th	, that 🕫 (we) le e causes stated		
		226. SIGNATURE	NIA	Tho	& mD		DEGREE ATTENDING PHYSICIAN [MEDICAL STA □ DIRECTOR □ PHYSIC		1	e SIGNED -9-83		
				CC.	-		22e. ADDRESS						
1		224 PHYSICIAN'S N	RCIA (GOOD, M.	D.		V.A. MEDICAL	CENTER. FO	Bur HOM	ARD. N	TARYT.ANI		

C 4 1	1983	· []		SHUHUY	TREAT	es.	
		83	1915	PART 10,		-1-1	Talan
		RHOYT TUAK				.E.U	I a L o
tue House	100.00	8-200 .	HOWAID, 10	.771 (8877)	i micīr	1A.V	WARE THE
ASSE Da	Avon io	2013 Trod	X			THOMITMAN	OPATO AN
	201		leginal .			er'onti' de	En api
UMATRAM	, III IVI	LAUE JIA	V . C. L. J. L	174 0111	100 005	I 60	a a
				DEA THANGE			
				DIA THANDS	MADIC-PU		
				DIA THANDS			
				DIA THANDS	MADIC-PU		
				DIA THANDS	MADIC-PU		
				DIA THANDS	MADIC-PU		
		10/9	Ta	DIA THANDS	WATEL		
		10/9	Ta	7/25 83	U-PITA	10/9	
83 19-9-83		10/9	Ta	7/25 83	WATEL	10/9	
19-9-83	X	6/01	vê	63 ¹ /25		10/9	

must be notified at ance

IMPORTANT: If them 21 is marked or them 18 shaws any injury, ar other traumatic event, the medical evant

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.			
		CEASED NAME FIRST OR PRINT)	E	1-DIN 2	ZA	AST D	20. DATE OF DEATH	MONTH E	83	2b. HOU	JR 40 M
	3. SEX	Male	4. RACE White		S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT 66	YRS.	IF UNDER I YEAR	IF UNDER HOURS	24 HRS MIN.
7	E	RTHPLACE (STATE OR FOREIGN COUNTRY) TYPT	Egy		WIDOWE		Baltimore City o Baltimore	e Coun	ity		MD.
5	Ra	ty or town of death Indalls town	Baltin	nore Count	ty Ger	or other institution neral Hospital	120. USUAL OCCUPATH TYPE OF WORK FOR MOST O Interior D	F WORKING LIFE			
5	130. S Max	ryland Balt THER'S NAME		131. CITY OR TOW Pikesvi	N	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAME FIRST	130. STREET ADDRESS 7021 Deerf	ield I	Road 2	1208	
2	Contraction of the Contraction o	Fathalla		Zaid		Unkno	own		hloul		
		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166. SOCIAL SECU		7021 Deerfie				208	
	7	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQUE	ENCE OF	nd					
	CERTIFICATION	PART 2 OTHER SIGNIFICANT OF A PRESENT OF OPERATION	eratic	Cardio.	~	NOT RELATED TO THE TERMI	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	NGS USER	D
	TIFIC						YES NO		YING CAUSES	NO [
7		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A	DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART (OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	214 LOCATION STREET	CITY OR TO	WN	COUNTY	S	STATE
		220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we (idid)/idid no	ou.	16, 19	83,01	nd that in (my) (aur) apinion o	death accurred on the do	16 1. ite and haur		that (1) (v	
		27 SIGNATURE	00	J.		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 🕅	220. DATE	SIGNED	3
		22d PHYSICIAN'S NAME TTYPE O	R PRINT)			22e ADDRESS			-		

DHMH - 16 50M 4/82

BP.

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial Oct. Byers 24 FUNERAL DIRECTOR Loring 8728 Liberty Road Byers Funeral Directors, Randallstown, MD. 21133

23b. DATE

COURMOTABBED

230 NAME OF CEMETERY OR CREMATORY

Hills Mem.

23d LOCATION CITY OR TOWN Vestal New York Broome BY REGISTRAR 256. REGISTRAR'S SIGNA (1864) Inc. 250. DATE REC'D.

FRANK THE STATE FACTOR inding physician and campletely filled in by the funeral director corbanpapers. Pages 1 and 2 should be filed within 72 hours of

STATE OF MARYLAND

DEPAR

RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG	NO.
LAST	To DATE OF DEATH	

FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH		3. NO	,
1. DECEASED NAME FIRST (TYPE OF PRINT)		MIDDLE		LAST	Ta. DATE OF DEAT		YEAR ZIL HOUR
Mabel Eugeni	a		Zi	ittle		10131	23 8 A
3. SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAS	ST BIRTHOAT	TYEAR POSSERDANES
Female	Whit	e	Octo	ber 8, 1902	80	VP.	EAFS HOURS I MAKE
70 BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	2 8	D NEVER MARRIED X		Y OR COUNTY OF DE	ATH
Baltimore	US	Α	WIDOW		Balti	more	MD
ID CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS		OR OTHER INSTITUTION	12a. USUAL OCCUP	PATION 12b.	KIND OF BUSINESS OR
Baltimore	1223	Joplin S	treet		(TYPE OF WORK FOR MC	1000	DUSTRY
USUAL RESIDENCE (IF NURSING HOME IN 130. STATE	OR OTHER INSTITUTION			0			
Maryland	JNIY	Baltimo	re	YES NO X		lin Street	21224
14 FATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDD	ILE.	LAST
	Riggin	Zitt	1e	Florence			Shaur
160 WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		DDRESS	Maryland
(YES NO UNKNOWN) (IF YES, C			1	Ruth Hawes,	1415 Gor	don Drive,	Glen Burnie
Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS ANDERLYING	(c)	R AS A CONSEOL	DEATH BUT	Adiac a NOT RELATED TO THE PARM WAS PERFORMED	Meso C Meso C INAL DISEASE OR C 200 AUTOPSY P YES P NO I		PART 110" FINDINGS USED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF D	ER) P.	M. MONTH	1 4 A 19	21s. HOW INJURY OCCURR			
216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR		, FARM, ETC)	211 LOCATION STREET	CITY C	DR TOWN COL	UNITY STATE
220.1 certify that (1) (1) sow the deceased of obove, (1) (well (did)) 22b. SIGNATURE 22d. PHYSICI AS NAME (TYPE	or PRINT	ha	lom	DEGREE ATTENDING PHYSICIAN [1]	/	STAFF	10/3/83
230 BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		~~
Burial	6 Oct	83 L	oudon	Park Cemetery	Baltim	ore	MD

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the barnal-transit permit. If with the State Dept of Health and Mental Hygiene prior t

MPORTANT: If Item 21 is morked or Item 18 sho

Kirkley, Glen Burnie, MD

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

arthur Burner Crown of the day others. Delice 198 James Carried

TATE OF MARYLAND

